

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000005598

**Entity Name:** GBS ADMINISTRATORS, INC.**Current Principal Place of Business:**777 108TH AVENUE NE  
SUITE 200  
BELLEVUE, WA 98004**Current Mailing Address:**TWO PIERCE PLACE  
ITASCA, IL 60143**FEI Number:** 16-1708631**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                    |
|-----------------|--------------------|
| Title           | DP                 |
| Name            | DURKIN JR, JAMES W |
| Address         | TWO PIERCE PLACE   |
| City-State-Zip: | ITASCA IL 60143    |

|                 |                  |
|-----------------|------------------|
| Title           | CFOD             |
| Name            | CARAHHER, JOHN J |
| Address         | TWO PIERCE PLACE |
| City-State-Zip: | ITASCA IL 60143  |

|                 |                  |
|-----------------|------------------|
| Title           | T                |
| Name            | LAZZARO, JACK H  |
| Address         | TWO PIERCE PLACE |
| City-State-Zip: | ITHASCA IL 60143 |

|                 |                  |
|-----------------|------------------|
| Title           | AVP              |
| Name            | COYNE, LISA A    |
| Address         | TWO PIERCE PLACE |
| City-State-Zip: | ITASCA IL 60143  |

|                 |                   |
|-----------------|-------------------|
| Title           | S                 |
| Name            | HANES-DOWD, APRIL |
| Address         | TWO PIERCE PLACE  |
| City-State-Zip: | ITASCA IL 60143   |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISA A COYNE**AUTHORIZED PERSON****04/20/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date