

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002291

**Entity Name:** GSM (RETAIL), INC.

**Current Principal Place of Business:**

117 WATERWORKS WAY  
IRVINE, CA 92618

**Current Mailing Address:**

117 WATERWORKS WAY  
IRVINE, CA 92618

**FEI Number: 43-1979454**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            CEO AND DIRECTOR  
Name            FISKE, MCNEIL SEYMOUR JR.  
Address        117 WATERWORKS WAY  
City-State-Zip: IRVINE CA 92618

Title            DIRECTOR AND PRESIDENT  
Name            LEASURE, EDWARD CLARK  
Address        117 WATERWORKS WAY  
City-State-Zip: IRVINE CA 92618

Title            CFO AND SECRETARY OFFICER  
Name            BUSSIERE, WILLIAM DAVID  
Address        117 WATERWORKS WAY  
City-State-Zip: IRVINE CA 92618

Title            ASSISTANT COMPANY SECRETARY  
                 OFFICER  
Name            WOOD, TRACEY  
Address        117 WATERWORKS WAY  
City-State-Zip: IRVINE CA 92618

Title            ASSISTANT COMPANY SECRETARY  
                 OFFICER  
Name            BRAND, JOANNA  
Address        117 WATERWORKS WAY  
City-State-Zip: IRVINE CA 92618

*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: WILLIAM DAVID BUSSIERE**

**SECRETARY**

**04/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date