

**2015 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:**NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 VP AND OFFICER  
Name BLUMMER, RANDY  
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****CFO & SECRETARY  
OFFICER****04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date