

2017 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****04/28/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date