

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002546

**Entity Name:** GCR INC.**Current Principal Place of Business:**2021 LAKESHORE DRIVE  
SUITE 500  
NEW ORLEANS, LA 70122**Current Mailing Address:**2021 LAKESHORE DRIVE  
SUITE 500  
NEW ORLEANS, LA 70122**FEI Number:** 72-0852541**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
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:** JANE ZACHRITZ

02/19/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name FLORES, MICHAEL W  
Address 2021 LAKESHORE DRIVE #500  
City-State-Zip: NEW ORLEANS LA 70122

Title VP  
Name BRODT, PHILLIP D  
Address 2021 LAKESHORE DRIVE #500  
City-State-Zip: NEW ORLEANS LA 70122

Title VP  
Name RIGAMER, GREGORY C  
Address 2021 LAKESHORE DRIVE #500  
City-State-Zip: NEW ORLEANS LA 70122

Title VP/T  
Name CALIENTO, PAUL  
Address 1445 EAST PUTNAM AVE  
City-State-Zip: OLD GREENWICH CT 06870

Title SEC  
Name RUMILLY, MATHIAS  
Address 1445 EAST PUTNAM AVE  
City-State-Zip: OLD GREENWICH CT 06870

Title VP  
Name ROMIG, ANGELE C  
Address 2021 LAKESHORE DR, STE 500  
City-State-Zip: NEW ORLEANS LA 70122

Title VP  
Name ANDERSEN, JAMES  
Address 1445 EAST PUTNAM AVENUE  
City-State-Zip: OLD GREENWICH CT 06870

Title DIRECTOR  
Name POSEWICK, JOSEPH  
Address 1445 EAST PUTNAM AVENUE  
City-State-Zip: OLD GREENWICH CT 06870

**Continues on page 2**

*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:** MICHAEL W FLORES**CHIEF OPERATING  
OFFICER**

02/19/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                             |
|-----------------|-----------------------------|
| Title           | VP                          |
| Name            | BOUILLION, TODD             |
| Address         | 2021 LAKESHORE DRIVE<br>500 |
| City-State-Zip: | NEW ORLEANS LA 70122        |