


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Page 1 of 2

DOCUMENT # 013878			
1. Entity Name GTC, INC.			
Principal Place of Business 502 FIFTH STREET STE 400 PORT ST JOE FL 32456 US		Mailing Address P.O. BOX 220 PORT ST JOE FL 32457 US	
2. Principal Place of Business		3. Mailing Address 908 W. Frontview	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Dodge City, KS	
Zip	Country	Zip	Country
		67801	USA

FILED
04 MAR -1 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

4. FEI Number 59-0432770		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAISON, JAMES B 502 FIFTH STREET PORT ST JOE FL 32456			
7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road 100030507121 City Plantation 03/16/04 01031-023 **150.00 FL 33324			

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE /s/ J.L. Miles-Asst. Secy. 2-27-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO JOHNSON, EUGENE B 502 CECUK COSTIN BOULEVARD PORT SAINT JOE FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/CEO Eugene B. Johnson 521 E. Morehead, STE 250 Charlotte, NC 28202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO NIXON, PETER G 502 CECIL COSTIN BOULEVARD PORT SAINT JOE FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Peter G. Nixon 521 E. Morehead, STE 250 Charlotte, NC 28202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS LEACH, WALTER E JR 502 CECIL G COSTIN SR. BLVD. PORT SAINT JOE FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/SVP Walter E. Leach, Jr. 521 E. Morehead, STE 250 Charlotte, NC 28202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPC HOOD, LISA R 502 CECIL G COSTIN SR. BLVD. PORT SAINT JOE FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lisa R. Hood 908 W. Frontview Dodge City, KS 67801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAUGHAN, JOHN H 502 CECIL COSTIN BLVD PORT SAINT JOE FL 32456 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/VP/GC Shirley J. Linn 521 E. Morehead, STE 250 Charlotte, NC 28202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPA FAISON, JAMES B 502 CECIL COSTIN BLVD PORT SAINT JOE FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James B. Fasion 502 Cecil Costin BLVD Port Saint Joe, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 2/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GTC, Inc.
File: 013878



Additions:

T/VP/AS

Timothy W. Henry
521 E. Morehead, STE 250, Charlotte, NC 28202

VP

Michael J. Stein
908 W. Frontview, Dodge City, KS 67801

VP

Patrick L. Morse
908 W. Frontview, Dodge City, KS 67801

AT/AS

Thomas E. Griffin
521 E. Morehead, STE 250, Charlotte, NC 28202

AS

Neil A. Torpey
75 E 55th Street, First Floor, New York, NY 10022

AS

Thomas E. Kruger
75 E 55th Street, First Floor, New York, NY 10022

AS

John J. LaPenta
521 E. Morehead, STE 250, Charlotte, NC 28202

D

Daniel G. Bergstein
75 E 55th Street, First Floor, New York, NY 10022

D

Frank K. Bynum, Jr.
320 Park Avenue, 24th Floor, New York, NY 10022

D

George Matelich
320 Park Avenue, 24th Floor, New York, NY 10022

D

Anthony DiNovi
75 State Street, Boston, MA 02109

D

Kent R. Weldon
75 State Street, Boston, MA 02109