


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90038 032 \*\*\*150.00

<b>DOCUMENT # 013878</b> 1. Entity Name GTC, INC.					
Principal Place of Business 502 FIFTH STREET STE 400 PORT ST JOE, FL 32456 US			Mailing Address 908 W FRONTVIEW DODGE CITY, KS 67801 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-0432770</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO JOHNSON, EUGENE B 521 MOREHEAD, STE. 250 CHARLOTTE, NC 28202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/VP/AS Timothy W. Henry 521 E. Morehead, STE 250 Charlotte, NC 28202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO NIXON, PETER G 521 MOREHEAD, STE. 250 CHARLOTTE, NC 28202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michael J. Stein 908 W. Frontview Dodge City, KS 67801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LEACH, WALTER E JR 521 MOREHEAD, STE. 250 CHARLOTTE, NC 28202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Patrick L. Morse 908 W. Frontview Dodge City, KS 67801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP LINN, SHIRLEY J GC 521 MOREHEAD, STE. 250 CHARLOTTE, NC 28202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT/AS Thomas E. Griffin 521 E. Morehead, STE 250 Charlotte, NC 28202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOOD, LISA R 908 W FRONTVIEW DODGE CITY, KS 67801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Neil A. Torpey 75 E. 55th Street, First Floor New York, NY 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAISON, JAMES B 502 CECIL COSTIN BLVD PORT SAINT JOE, FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Thomas E. Kruger 75 E. 55th Street, First Floor New York, NY 10022	<input type="checkbox"/> Change <input checked="" 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: <i>Lisa R. Hood</i>			Senior Vice President/Controller		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/4/05 Daytime Phone #: 620-227-4400		

**50026719**



02142005 Chg-P CR2E034 (10/03)

ATTACHMENT

# 013878

50026719

GTC, Inc.  
File: 013878

**Additions:**

**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