2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# 013878

Entity Name: GTC, INC.

Current Principal Place of Business:

502 FIFTH STREET
STE 400
PORT ST JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

908 W FRONTVIEW
DODGE CITY, KS 67801 US

New Mailing Address:

FEI Number: 59-0432770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CCEO ( ) Delete
Name: JOHNSON, EUGENE B
Address: 521 MOREHEAD, STE. 250
City-St-Zip: CHARLOTTE, NC 28202

Title: P ( ) Delete
Name: NIXON, PETER G
Address: 521 MOREHEAD, STE. 250
City-St-Zip: CHARLOTTE, NC 28202

Title: EVPC ( ) Delete
Name: LEACH, WALTER E JR
Address: 521 MOREHEAD, STE. 250
City-St-Zip: CHARLOTTE, NC 28202

Title: EVPS ( ) Delete
Name: LINN, SHIRLEY J
Address: 521 MOREHEAD, STE. 250
City-St-Zip: CHARLOTTE, NC 28202

Title: COO ( ) Delete
Name: HOOD, LISA R
Address: 908 W FRONTVIEW
City-St-Zip: DODGE CITY, KS 67801

Title: EVP (X) Delete
Name: CROWLEY, JOHN P
Address: 521 E. MOREHEAD STE 250
City-St-Zip: CHARLOTTE, NC 28202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change ( ) Addition
Name: GIAMMARINO, ALFRED
Address: 521 MOREHEAD, STE. 250
City-St-Zip: CHARLOTTE, NC 28202

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SRVP (X) Change ( ) Addition
Name: HOOD, LISA R
Address: 908 W FRONTVIEW
City-St-Zip: DODGE CITY, KS 67801

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LISA R. HOOD SRVP 01/30/2009

Electronic Signature of Signing Officer or Director Date