

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 343313 1. Entity Name GSV, INC.									FILED 00 AUG -8 PM 1: 15 SECRETARY OF STATE JALLAHASSEE, FLORIDA							
Principal Place			SEC JAL	RETA	ry O Ssee	F 31 <i>F</i> , FLOI	ALD.	Å								
2. Principal Pla	ce of Business		_	3. Mailing Address 222 W. Las Colinas Blvd.							-					
Suite, Apt. i	#, etc.	1	Suite, Apt. #, etc. Suite 1500				DO NOT WRITE IN THIS SPACE									
City & State)		City & State Irving, TX				4. FEI N 59-1	lumber . 23597	0				_	plied For ot Applicable		
Zip Country			Zip 75039				5. Cartificate of Status Desired 1.34.1						\$8.75 Additional Fee Required			
	6. Name a	and Address of Curren	t Registered Agent	ered Agent				7. Name	and Addr	ess of New	Registe	red Agen				1
CT Corpo 1200 Sou Plantati			Name Street Ad	Name Street Address (P.O. Box Number is Not Acceptable)												
								-			FI		Zip Code		_	
8. The above n	amed entity su	bmits this statement for	the purpose of changing	g its registered offi	ice or re	City egistered a	 gent, or b	oth, in the	e State of	 Florida.			<u>-</u> _L			-
i																
SIGNATURE	Signature, typed	or printed name of registere	d agent and title if applicable	e (NOTE	: Registe	ered Agent sig	nature requ	ired when re	einstating)			DATE				
	equirement and	to satisfy its Intangible I elects to do so.	After	HANGAN MAYARIN TERROMAN	RED	MIII COE	3:000			Campaign und Contrib		ີ [コ) May Be to Fees	
11.		OFFICERS A	AND DIRECTORS		12.			ADDIT	IONS/CHAI	NGES TO C	FFICER	S AND DI	RECT	ORS IN		1
TITLE NAME	P Charles	s Oliver		Delete	TITLE NAME		P Rona	ld F.	Shuff	<u> </u>				Change	Addition	(9/99)
STREET ADDRESS CITY - ST- ZIP	1 - 10	annen RD. nd FL 33813			STREE	T ADDRESS ST- ZIP			s Coli X 7503		lvd.					CR2E034 (9/99)
τπιε	VΡ		5	Delete	TITLE		VP,	S, D						Change	Addition	- R
	1	A. Morter alfwinds DR				T ADDRESS	222 1		s Coli		lvd.					
CITY- ST- ZIP	Lutz Fl	L 33549		Delete	CITY- 8	51-ZIP	Irvii 9	nq, T	X 7503	39 :				Change	Addition	;
NAME STREET ADDRESS					NAME STREE	T ADDRESS				1				-	_	
CITY - ST- ZIP						ST- ZIP										_
TITLE NAME				Delete	TITLE NAME				9	الالإن	00	33.	4	Change	Additio	12
STREET ADDRESS CITY- ST- ZIP						T ADDRESS ST- ZIP										
TITLE				Delete	TITLE							-		Change	Additio	7
NAME STREET ADDRESS CITY- ST- ZIP					STREE	T ADDRESS ST- ZIP										
TITLE NAME STREET ADDRESS			[Delete	TITLE NAME STREE	T ADDRESS								Change	Addition	
CITY - ST- ZIP	rtify that the int lental report is d to execute th	formation supplied with I true and accurate and it is report as required by SIGNATURE AND	his filing does not qualified the standard of the chapter 607, Florida Standard of the chapter 607 Florida Standard	ave the same legal atutes; and that my	n stated l effect / name	as if made appears in I	Jo	n; that I am or Block 12	a Statutes. In an officer 2 if changed	or director of f, or on an a	ify that the contact achime	poration on the with an in 1972	r the r addre	dicated of receiver of ss, with a	or trustee all other like	





ACCOUNT NO. : 072100000032

REFERENCE: 790070

AUTHORIZATION :

COST LIMIT : \$ 558.75

ORDER DATE: August 7, 2000

ORDER TIME: 11:35 AM

ORDER NO. : 790070-005

CUSTOMER NO: 4326756

CUSTOMER: Myung Lee, Legal Asst

Shearman & Sterling 599 Lexington Avenue

Rm 300

New York, NY 10022

ANNUAL REPORT FILING

NAME: GSV, INC.

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA ODOM

EXAMINER'S INITIALS:

HOLIANOS TO HOLZ ST ON BOOM TO STATE OF THE STATE OF THE