

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718445

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** GALCOM INTERNATIONAL USA, INC.

**Current Principal Place of Business:**

10114 N. DALE MABRY HIGHWAY  
101  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 270956  
TAMPA, FL 33688

**New Mailing Address:**

**FEI Number:** 23-7248591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARY NELSON  
11621 CARROLLWOOD DR.  
TAMPA, FL 33168 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

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: KENT, HAROLD  
Address: 16310 AVILA BLVD  
City-St-Zip: TAMPA, FL 33613

Title: ST  
Name: BLACKSTONE, STACY  
Address: 16601 ROUND OAK DR.  
City-St-Zip: TAMPA, FL 33618

Title: P  
Name: NELSON, GARY  
Address: 11621 CARROLLWOOD DR.  
City-St-Zip: TAMPA, FL

Title: D  
Name: NELSON, MARK  
Address: 713 HIGHLANDS AVE.  
City-St-Zip: CHARLOTTESVILLE, FL 22903

Title: D  
Name: WALKER, PATRICIA K  
Address: 6063 LAKESIDE DRIVE  
City-St-Zip: LUTZ, FL 33558

Title: D  
Name: MCGUIRL, ALLAN  
Address: 115 NEBO RD  
City-St-Zip: HAMILTON ONTARIO, CN

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS BLACKSTONE

ED

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date