

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829720

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** GBS FORMS & SYSTEMS, INCORPORATED

**Current Principal Place of Business:**

7233 FREEDOM AVE NW  
P O BOX 2340  
NORTH CANTON, OH 44720

**New Principal Place of Business:**

7233 FREEDOM AVE NW  
NORTH CANTON, OH 44720

**Current Mailing Address:**

P.O. BOX 2340  
NORTH CANTON, OH 44720 US

**New Mailing Address:**

FEI Number: 34-1084079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DECAIRE, THOMAS J  
12520 AUTOMOBILE BLVD.  
CLEARWATER, FL 33762 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: T  
Name: BENSON, MICHELE  
Address: 7233 FREEDOM AVE NW  
City-St-Zip: NORTH CANTON, OH 44720

Title: D  
Name: CALABRIA, EUGENE  
Address: 7233 FREEDOM AVE NW  
City-St-Zip: NORTH CANTON, OH 44720

Title: C/D  
Name: MERRIMAN, LARRY  
Address: 7233 FREEDOM AVE NW  
City-St-Zip: NORTH CANTON, OH 44720

Title: S  
Name: MERRIMAN, MICHAEL  
Address: 7233 FREEDOM AVE NW  
City-St-Zip: NORTH CANTON, OH 44720

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

SIGNATURE: MICHELE BENSON

T

02/15/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date