

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846188

1. Entity Name

GTER INCORPORATED

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90333 003 ***150.00

Principal Place of Business

1255 CORPORATE DR
MAIL CODE :SVC02A32
IRVING TX 75038
US

Mailing Address

1255 CORPORATE DR
MAIL CODE :SVC02A32
IRVING TX 75038
US

00039298



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1420 E. Rochelle Blvd.

3. Mailing Address

1420 E. Rochelle Blvd.

Suite, Apt. #, etc.

mailcode: HQC03E72

Suite, Apt. #, etc.

mailcode: HQC03E72

City & State

Irving, TX

City & State

Irving, TX

Zip

75039

Country

US

Zip

75039

Country

US

4. FEI Number

06-1036338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KULPINSKI, RONALD W	
STREET ADDRESS	1255 CORPORATE DR	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, JUDITH L	
STREET ADDRESS	1255 CORPORATE DR	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, DANIEL P	
STREET ADDRESS	1255 CORPORATE DR	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	S	<input type="checkbox"/> Delete
NAME	DROST, MARIANNE	
STREET ADDRESS	1255 CORPORATE DR	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	AT	<input type="checkbox"/> Delete
NAME	DEUR, JAN	
STREET ADDRESS	1255 CORPORATE DR	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SPRING, RONALD B	
STREET ADDRESS	1255 CORPORATE DR	
CITY-ST-ZIP	IRVING TX 75038	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly, Christopher J.	
STREET ADDRESS	1310 R. Court House Road	
CITY-ST-ZIP	Arlington, VA 22201	
TITLE	V-GC/AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson, Diana C.	
STREET ADDRESS	6665 Tr. MacArthur Blvd.	
CITY-ST-ZIP	Irving, TX 75038	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Karen M.	
STREET ADDRESS	750 Canyon Drive	
CITY-ST-ZIP	Coppell, TX 75019	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1095 Avenue of the Americas	
CITY-ST-ZIP	New York, NY 10036	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	750 Canyon Drive	
CITY-ST-ZIP	Coppell, TX 75019	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Watson, Linda K.	
STREET ADDRESS	600 Hidden Ridge	
CITY-ST-ZIP	Irving, TX 75038	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda K. Watson

Linda K. Watson

04/06/01

972-718-4075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)