


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 846188 1. Entity Name GTER INCORPORATED	
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Principal Place of Business 1095 AVENUE OF THE AMERICA 31ST FLOOR NEW YORK, NY 10036 US	Mailing Address 1095 AVENUE OF THE AMERICA 31ST FLOOR NEW YORK, NY 10036 US
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02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1036338	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, CHRISTOPHER 1310 N COURT HOUSE RD ARLINGTON, VA 22201
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, DIANA C 600 HIDDEN RIDGE IRVING, TX 75038
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRITY, JANET 3900 WASHINGTON STREET WILMINGTON, DE 19802
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRATHWAITE, LEE 1095 AVE OF THE AMERICAS NEW YORK, NY 10036
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT VEATCH, MARCUS 1095 AVE OF THE AMERICAS NEW YORK, NY 10036
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcus R. Veatch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARCUS R. VEATCH

3/17/05 212-395-1712
Date Daytime Phone #