

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90082 015 ***150.00

000119 AV

DOCUMENT # 846188

1. Entity Name

GTER INCORPORATED



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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1036338

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, CHRISTOPHER	
STREET ADDRESS	1310 N COURT HOUSE RD	
CITY-ST-ZIP	ARLINGTON VA 22201	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, DIANA C	
STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	T	<input type="checkbox"/> Delete
NAME	GARRITY, JANET	
STREET ADDRESS	3900 WASHINGTON STREET	
CITY-ST-ZIP	WILMINGTON DE 19802	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEUR, JAN	
STREET ADDRESS	750 CANYON DR	
CITY-ST-ZIP	COPPELL TX 75019	
TITLE	VT	<input type="checkbox"/> Delete
NAME	VEATEN, MARCUS	
STREET ADDRESS	1095 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 L. Veatch **MARCUS L. VEATCH** 4/1/03 212-395-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)