

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005547

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: GBS RETIREMENT SERVICES, INC.

## Current Principal Place of Business:

TWO GANNETT DR  
STE 200  
WHITE PLAINS, NY 10604

## New Principal Place of Business:

## Current Mailing Address:

TWO GANNETT DR  
STE 200  
WHITE PLAINS, NY 10604

## New Mailing Address:

FEI Number: 13-3727333      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HINDERSTEIN, DAVID S  
Address: 2 GANNETT DR  
City-St-Zip: WHITE PLAINS, NY 10604

Title: V ( ) Delete  
Name: ROSENGREN, JOHN C  
Address: 2 PIERCE PL  
City-St-Zip: ITASCA, IL 60143

Title: VP ( ) Delete  
Name: BUTTS, DIANA F  
Address: 130 E WILSON BRIDGE RD STE 310  
City-St-Zip: WORTHINGTON, OH 43085

Title: AS ( ) Delete  
Name: GREB, CHRISTINE D  
Address: 2 PIERCE PL  
City-St-Zip: ITASCA, IL 60143

Title: D ( ) Delete  
Name: DURKIN, JAMES W JR  
Address: TWO PIERCE PL  
City-St-Zip: ITASCA, IL 60143

Title: D ( ) Delete  
Name: HINDERSTEIN, DAVID S  
Address: 2 GANNETT DR STE 200  
City-St-Zip: WHITE PLAINS, NY 10604

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ROSENGREN, JOHN C  
Address: 2 PIERCE PL  
City-St-Zip: ITASCA, IL 60143

Title: VPT (X) Change ( ) Addition  
Name: WASIKOWSKI, PAUL F  
Address: 2 PIERCE PLACE  
City-St-Zip: ITASCA, IL 60143

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL F WASIKOWSKI

VPT

04/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date