2002 UNIFORM BUS	INESS REPO	RT (UBI	R)	San 16	2002 8.0	0 am	
DCUMENT # F0000006291				Sep 16, 2002 8:00 am Secretary of State			
GMST WORLD MARKETS, INC.				09-16-2002	90107 037 ***55	50.00	
Principal Place of Business 6901 JERICHO TURNPIKE. SUITE 200 SYOSSET NY 11791 Mailing Address 6901 JERICHO TURNPIKE. SUI SYOSSET NY 11791		SUITE 200		E INGLIAN ILEI ARIIN ROIII NALII NA	IA BOUL BRUS BOUR BUS 1984	: SENTA 1581 FREI	
2. Principal Place of Business	3. Mailing Address						
3300 W. LAKE MARS BLVD. Suite, Apt. #, etc. 350	TOWN B	DO NOT WRITE IN THIS SPACE					
City & State -AKE MARY, FL	STE 200 City & State LANGHORNE, PA			4. FEI Number 11-2720275 Applied For Not Applicable			
Zip Country USA	^{Zip} 19047	Country U.S.A		5. Certificate of Status Desired	□ \$8.75 Ad Fee Require		
6. Name and Address of Current	Registered Agent			7. Name and Address of New R	egistered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street A	Street Address (P.O. Box Number is Not Acceptable)				
			·				
\ <u>`</u> •		City			FL Zip Coo	le	
8. The above named entity submits this statement for	r the purpose of changing its re	egistered office o	r registere	d agent, or both, in the State of Flo	rida. I am familiar with,	and accept	
the obligations of registered agent.	- 10 AMÉ	- 0	7			10/10	
SIGNATURE KEU 15TERED AUET Signature, typed or printed name of registered agent a		Registered Agent signat	ure required w	when rejustating)	DATE	13/00	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) See Criteria on back Check Payable to Departm			e \$750.0	Trust runu Continguior		00 May Be d to Fees	
(See criteria on back) Make Check Payable to Department of S 11. OFFICERS AND DIRECTORS 12.			it of State	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE PCEO	Delete	THILE	PRES	IDENT	☐ Chanoe	Addition	
NAME TAORMINA, STEPHEN 580 MIDDLETOWN BLVD., SUITE D-1015 LANGHORNE PA 19047		NAME	6.00	ARD MASTRIANN W. HAKE MARY	BUD STE 3	350	
		STREET ADDRESS CITY-ST-ZIP	LIGIC	E MARY, FL	32746		
ITILE V NAME MCDANIEL, LORI C STREET ADDRESS CITY-ST-ZIP SYOSSET NY 11791		TITLE NAME	CEC	PHEN TANKMI	NIT	Addition	
		STREET ADDRESS CITY-ST-ZIP	1580	MIDDLETOWN !	19047		
MTLESD:	Delete	TITLE	EX	C UP	☐ Change	Addition	
NAME KIRINCIC, ANTHONY J STREET ADDRESS 6901 JERICHO TURNPIKE, SUITE	200	NAME STREET ADDRESS	3300	ISTOPHER AMAT	124 -3- 2		
SYOSSET NY 11791		CITY-ST-ZIP	LAK	t mary, FL	32746		
ITTLE COYNE, THOMAS F	Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS 6901 JERICHO TURNPIKE, SUITE SYOSSET NY 11791	: 200	STREET ADDRESS CITY-ST-ZIP					
ITLE CD LINDER, DAVID O	Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS EXTY-ST-ZIP LINUER, DAVID U 6901 JERICHO TURNPIKE, SUITE SYOSSET NY 11791	: 200	NAME STREET ADDRESS CITY-ST-ZIP					
ITLE IAME	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS		STREET ADDRESS					
HTY-ST-ZIP		CITY-ST-ZIP		•			

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 tike empowered.

SIGNATURE:

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

715-702-0444