2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT						-11 FT)		
DOCUMENT # F01000002452 .						FILL	M 8:33 AM 8:33 EE, FLORIDA		
1. Entity Name GCA SERVICES GROUP OF NORTH CAROLINA, INC.						MPR 58	الله الأراث		
					O:) e\er\n\e	EF FLORIUM		
Principal Place of Business Mailing Address					1	SECULAHASS			
100 FOUR FALLS CORPORATE CENTER 100 FOUR FALLS CORPORA SUITE 650 SUITE 650		RATE CENTER			(
WEST CONSHOHOCKEN, PA 19428 WEST CONSHOHOCKEN, PA			A 19428			 	8 FIN 8 FIN 11811 FINT 1811 FINE	T 08	
2. Principal Place of Business 3400-C West Wendows Avenue 3400-C West Wendows			do la c Ania	20.10					
Suite, Apt.		Suite, Apt. #, etc.			04252005	Chg-P	CR2E034 (10/03)		
City & State		City & State		4	1. FEI Number) -	pplied For	
<u>Greensbo</u> Zip	RO, N C	Greensboro, N	Country		56-11048		\$9.75	ot Applicable	
27407	6. Name and Address of Current F	27407	USA		5. Certificate of	Status Desired ddress of New Re	Fee Require		
CORPORA		•	, nume and A	341033 07 11011 110	gioterea Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET			N/A- Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32301									
			City				FL Zip Coo	ie	
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 agont and little if applicable. (NOTE: Registered Agont signature required when reinstating) DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu			May Be to Fees				
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CF	ANGES TO OFFI	CERS AND DIRECTOR	IS IN 11	
TITLE NAME	D Defete TITE CROTHALL, GRAEME A NAM			D Change Addition Crothall, Graeme A.					
STREET ADDRESS	100 FOUR FALLS CORPORATE CENTER STR			cromali, Glaeme A. 300 Constitute Roay, Suite 650 West Constitute, PA 19428					
CITY-ST-ZIP TITLE	WEST CONSHOHOCKEN, PA 19	1428 Delete	CITY-SI-ZIP TITLE	West Co	ON SNONOC	Ken'IV	☐ Change	☐ Addition	
NAME STREET ADDRESS	FOWLER, RICHARD K 3400 C W WENDOVER AVE.		NAME STREET ADDRESS						
CITY-ST-ZIP	GREENSBORO, NC 27407		CITY-ST-ZIP						
TITLE NAME	VP Delete IIIIL CROTHALL, GRAEME A			VP ⊠ Change □ Addition Crothall, Grae me A.					
STREET ADDRESS CITY-ST-ZIP	100 FOUR FALLS CORPORATE CENTER WEST CONSHOHOCKEN, PA 19428			RESS 300 Conshohocken State ROAD, Suite 650					
TITLE	S	☐ Delete	TITLE F	15			∑ Change	Addition	
NAME STREET ADDRESS	KESSLER, JOHN L 100 FOUR FALLS CORPORATE CENTER STR			Kessler 300 Cor	Kessler, John L 200 Consho hocken State Roag, Suite 650				
CITY-ST-ZIP	WEST CONSHOHOCKEN, PA 19		CITY-SI-ZIP	West C	ionsha ha	cken, PA		57 Leables	
TITLE NAME	T SL Delete III.			Bohs, G	s.Lee		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	100 FOUR FALLS CORPORATE CENTER WEST CONSHOHOCKEN, PA 19428			300 Conshohocken State Romy, Suite 650 West Conshohocken, PA 1942-8					
HILE	,	☐ Delete	TITLE		<u> </u>		☐ Change	Addition	
NAME STREET ADDRESS			NAME Street address						
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for th	CITY-ST-ZIP	ted in Section	on 119.07(3)(i)	Florida Statutes 1	further certify that the	nformation	
12. Thereby certify that the information supplied with this filling 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: John LUSAL John Kessler Secretary: 4 35 05 610 834 7555 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OPERS APR 2 C LUT. 1 Date Daytime Phone #									



ACCOUNT NO. : 072100000032

REFERENCE : 335654

7408365

AUTHORIZATION :

COST LIMIT

150.00

ORDER DATE: April 26, 2005

ORDER TIME : 12:15 PM

ORDER NO. : 335654-025

CUSTOMER NO: 7408365

CUSTOMER: Ms. Heather Jagaczewski

Gca Services Group, Inc.

Suite 650

300 Conshohocken State Road West Conshohock, PA 19428

ANNUAL REPORT FILING

NAME:

GCA SERVICES GROUP OF NORTH

CAROLINA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

__ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS:

RECEIVED

05 APR 28 PM 3: 15

05 APR 28 PM 3: 15