## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F01000002452

Entity Name: GCA SERVICES GROUP OF NORTH CAROLINA, INC.

FILED Apr 04, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3400-C WEST WENDOVER AVE 1350 EUCLID AVENUE

GREENSBORO, NC 27407 SUITE 1500

CLEVELAND, OH 44115 US

**Current Mailing Address: New Mailing Address:** 

1350 EUCLID AVENUE 3400-C WEST WENDOVER AVE GREENSBORO, NC 27407

SUITE 1500

CLEVELAND, OH 44115 US

FEI Number: 56-1104889 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DR., STE. 4 WESTON, FL 33331

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: NRAI SERVICES, INC

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: PRFS (X) Change ( ) Addition

Name: CROTHALL, GRAEME A Name: NORTON, ROBERT 300 CONSHOHOCKEN STATE ROAD STE 650 1350 EUCLID AVE, STE 1500 Address: Address: City-St-Zip: WEST CONSHOHOCKEN, PA 19428 City-St-Zip: CLEVELAND, OH 44115 US

Title: (X) Change ( ) Addition Title: ( ) Delete

Name: LEITCH, COLE Name: PICCIRILLO, FRAN

3400C WEST WENDOVER AVE. 1350 EUCLID AVE, STE 1500 Address: Address: GREENSBORO, NC 27407 CLEVELAND, OH 44115 US City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition () Delete A/S

CROTHALL, GRAEME A ALLEN, JAMES F Name: Name:

300 CONSHOHOCKEN STATE ROAD STE 650 1350 EUCLID AVE, STE 1500 Address: Address: WEST CONSHOHOCKEN, PA 19428 City-St-Zip: CLEVELAND, OH 44115 US City-St-Zip:

Title: (X) Delete Title: () Change () Addition

KESSLER, JOHN L Name: Name: 300 CONSHOHOCKEN STATE ROAD STE 650 Address: Address: City-St-Zip: WEST CONSHOHOCKEN, PA 19428 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

VITALE, ROBERT Name: Name: 300 CONSHOHOCKEN STATE ROAD STE 650 Address: Address: City-St-Zip: WEST CONSHOHOCKEN, PA 19428 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES FALLEN A/S 04/04/2008