


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000004386		
1. Entity Name GABRIEL COMMUNICATIONS FINANCE COMPANY		
Principal Place of Business 16090 SWINGLEY RIDGE ROAD, SUITE 500 CHESTERFIELD, MO 63017	Mailing Address 16090 SWINGLEY RIDGE ROAD, SUITE 500 CHESTERFIELD, MO 63017	



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1861146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SOLOMON, DAVID L 16090 SWINGLEY RIDGE ROAD, SUITE 500 CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENNEEN, JOHN P 16090 SWINGLEY RIDGE ROAD, SUITE 500 CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAUST, DOUGLAS W 16090 SWINGLEY RIDGE ROAD, SUITE 500 CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO CASSITY, G. MICHAEL 16090 SWINGLEY RIDGE ROAD, SUITE 500 CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO WEBSTER, RONALD D 16090 SWINGLEY RIDGE ROAD, SUITE 500 CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000014791
01/27/04-80036-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/20/04 636.5377379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #