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	Mailing Address
16090 SWINGLEY RIDGE ROAD, SUITE 500 CHESTERFIELD, MO 63017	16090 SWINGLEY RIDGE ROAD, SUITE 500 CHESTERFIELD, MO 63017

DO NOT WRITE IN THIS SPACE

01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
43-1861146
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/20/04 6365377379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #