

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004386

FILED
Jan 13, 2009
Secretary of State

Entity Name: GABRIEL COMMUNICATIONS FINANCE COMPANY

Current Principal Place of Business:

TWO NORTH MAIN STREET
GREENVILLE, SC 29601

New Principal Place of Business:

Current Mailing Address:

TWO NORTH MAIN STREET
GREENVILLE, SC 29601

New Mailing Address:

FEI Number: 43-1861146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SOLOMON, DAVID L
Address: TWO NORTH MAIN STREET
City-St-Zip: GREENVILLE, SC 29601

Title: PD () Delete
Name: AKERHIELM, JAMES W
Address: TWO NORTH MAIN STREET
City-St-Zip: GREENVILLE, SC 29601

Title: EVPT () Delete
Name: SHOEMAKER, STEPHEN H
Address: TWO NORTH MAIN STREET
City-St-Zip: GREENVILLE, SC 29601

Title: EVPS () Delete
Name: MURPHY, RILEY G
Address: TWO NORTH MAIN STREET
City-St-Zip: GREENVILLE, SC 29601

Title: VP () Delete
Name: CADIEUX, EDWARD J
Address: TWO NORTH MAIN STREET
City-St-Zip: GREENVILLE, SC 29601

Title: ASEC () Delete
Name: WALSH, CONNIE B
Address: TWO NORTH MAIN STREET
City-St-Zip: GREENVILLE, SC 29601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COBD (X) Change () Addition
Name: SOLOMON, DAVID L
Address: TWO NORTH MAIN STREET
City-St-Zip: GREENVILLE, SC 29601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GALLAGHER, MICHAEL
Address: TWO NORTH MAIN STREET
City-St-Zip: GREENVILLE, SC 29601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CONNIE B. WALSH

Electronic Signature of Signing Officer or Director

ASEC

01/13/2009

_____ Date