

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004970

Entity Name: GCA SERVICES GROUP, INC.

FILED  
Jan 14, 2009  
Secretary of State

## Current Principal Place of Business:

1350 EUCLID AVENUE  
SUITE 1500  
CLEVELAND, OH 44115

## New Principal Place of Business:

## Current Mailing Address:

1350 EUCLID AVENUE  
SUITE 1500  
CLEVELAND, OH 44115

## New Mailing Address:

FEI Number: 36-4516504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., STE. 4  
WESTON, FL 33331 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: P/D ( ) Delete  
Name: NORTON, ROBERT  
Address: 1350 EUCLID AVENUE, SUITE 1500  
City-St-Zip: CLEVELAND, OH 44115

Title: S ( ) Delete  
Name: PICCIRILLO, FRAN  
Address: 1350 EUCLID AVENUE, SUITE 1500  
City-St-Zip: CLEVELAND, OH 44115

Title: A/S ( ) Delete  
Name: ALLEN, JAMES  
Address: 1350 EUCLID AVENUE, SUITE 1500  
City-St-Zip: CLEVELAND, OH 44115

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition  
Name: GERBER, BOB  
Address: 1350 EUCLID AVENUE, SUITE 1500  
City-St-Zip: CLEVELAND, OH 44115

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

Title: T ( ) Change (X) Addition  
Name: PREVITE, SALLY  
Address: 1350 EUCLID AVENUE SUITE 1500  
City-St-Zip: CLEVELAND, OH 44115-183

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 ALLEN

A/S

01/14/2009

Electronic Signature of Signing Officer or Director

Date