

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006120

FILED
Jan 12, 2007
Secretary of State

Entity Name: GMH COMMUNITIES SERVICES, INC.

Current Principal Place of Business:

10 CAMPUS BLVD.
C/O GMH
NEWTOWN SQUARE, PA 19073

New Principal Place of Business:

Current Mailing Address:

10 CAMPUS BLVD.
C/O GMH
NEWTOWN SQUARE, PA 19073

New Mailing Address:

FEI Number: 20-1621724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
1333 N. DUVAL ST
TALLAHASSEE, FL 32303 US

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:

01/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: HOLLOWAY, GARY M
Address: 10 CAMPUS BLVD.
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: AS () Delete
Name: CARDAMONE, ANTHONY
Address: 10 CAMPUS BLVD.
City-St-Zip: NEWTOWN SQUARE, PA 19073

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HOLLOWAY, GARY M
Address: 10 CAMPUS BLVD.
City-St-Zip: NEWTOWN SQUARE, PA 19073

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

Title: TREA () Change (X) Addition
Name: J., O'GRADY P
Address: 10 CAMPUS BLVD
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: VP S () Change (X) Addition
Name: MACCHIONE, JOSEPH M
Address: 10 CAMPUS BLVD.
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: AVP () Change (X) Addition
Name: FERER, JOHN L
Address: 10 CAMPUS BLVD.
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: AVP () Change (X) Addition
Name: COHN, LESLIE S
Address: 10 CAMPUS BLVD.
City-St-Zip: NEWTOWN SQUARE, PA 19073

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY J. CARDAMONE

ASEC

01/12/2007

Electronic Signature of Signing Officer or Director

Date