

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000000430 (9)

1. Corporation Name

GC HOLDING INC.



Principal Place of Business

ONE TOWN CENTER ROAD  
BOCA RATON FL 33486-1010

Mailing Address

ONE TOWN CENTER ROAD  
BOCA RATON FL 33486-1010

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/29/1993

3a. Date of Last Report

06/23/1995

4. FEI Number

13-3593552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when no standing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MATA, PEDRO F  
STREET ADDRESS 297 GREENS FARMS ROAD  
CITY-ST-ZIP GREENS FARMS CT 06436 ☒ DELETE

TITLE AS  
NAME LAMM, ROBERT B  
STREET ADDRESS 2588 NW 64TH BLVD  
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE DVP  
NAME DENNIS, C. B  
STREET ADDRESS 156 COMPO RD S  
CITY-ST-ZIP WESTPORT CT ☐ DELETE

TITLE T  
NAME HOUGHIN, PETER D  
STREET ADDRESS 11900 N.W. 5TH STREET  
CITY-ST-ZIP PLANTATION FL 33324 ☐ DELETE

TITLE D  
NAME FREY, CHRIS W  
STREET ADDRESS 43 HARBOR DRIVE  
CITY-ST-ZIP STAMFORD CT 06902 ☒ DELETE

TITLE DAT  
NAME KENNY, BRIAN E  
STREET ADDRESS 15 DEERTRACK LANE  
CITY-ST-ZIP IRVINGTON NY ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Secretary

AT & Director

Gary R. Larsen

300 First Stamford Place

Stamford, CT 06902

Director & President

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN KENNY

4/12/96

4073621306

Daytime Phone #

CR2E034 (12/95)