

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003240

Entity Name: THE GALE GROUP, INC.

FILED
Apr 19, 2010
Secretary of State

Current Principal Place of Business:

27500 DRAKE RD.
FARMINGTON HILLS, MI 48331

New Principal Place of Business:

Current Mailing Address:

5191 NATORP BLVD
TAX DEPT 3RD FLOOR
MASON, OH 45040

New Mailing Address:

FEI Number: 06-1411737

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 32301 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: CFO
Name: DURBIN, DEAN
Address: 200 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: VPS
Name: CARSON, KENNETH
Address: 200 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: CEO
Name: DUNN, RONALD
Address: 200 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: TRS
Name: MULLIGAN, BRIAN
Address: 200 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: ASEC
Name: EBELING, DALE
Address: 27500 DRAKE ROAD
City-St-Zip: FARMINGTON HILLS, MI 48331

Title: EVP
Name: RIEDERS, WILLIAM
Address: 200 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

I hereby 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 all other like empowered.

SIGNATURE: DALE EBELING

ASEC

04/19/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date