

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000001001**

1. Entity Name

GLOBAL TC SOLUTIONS, INC.**FILED****Feb 09, 2000 8:00 am**
Secretary of State

02-09-2000 90216 023 ***150.00

Principal Place of Business % EDWIN COOPERMAN 17651 LAKE ESTATES DRIVE BOCA RATON FL 33496		Mailing Address % EDWIN COOPERMAN 17651 LAKE ESTATES DRIVE BOCA RATON FL 33496-1425	
2. Principal Place of Business TC Solutions, Inc Suite, Apt. #, etc. 70 Falmouth ST. City & State Short Hills, N.J. Zip 07078 Country USA		3. Mailing Address TC Solutions Suite, Apt. #, etc. 70 Falmouth ST. City & State Short Hills, N.J. Zip 07078 Country USA	
4. FEI Number 65-0768481		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TERRY, EUGENE 17759 LAKE ESTATES DR. BOCA RATON FL 33496		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 may Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC COOPERMAN, EDWIN 17651 LAKE ESTATES DR. BOCA RATON FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT TERRY, EUGENE 17759 LAKE ESTATES DR. BOCA RATON FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPERMAN, E. 17651 LAKE ESTATES DR. BOCA RATON FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Edwin Cooperman		Date: 11/20/2000 237-221-561	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	