

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 14, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F98000001001**

**1. Entity Name  
GLOBAL TC SOLUTIONS, INC.**



**Principal Place of Business  
TC SOLUTIONS INC  
70 FALMOUTH ST  
SHORT HILLS, NJ 07078 US**

**Mailing Address  
TC SOLUTIONS INC  
70 FALMOUTH ST  
SHORT HILLS, NJ 07078 US**



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0768481**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TERRY, EUGENE  
17759 LAKE ESTATES DR.  
BOCA RATON, FL 33496**

**DO NOT WRITE  
IN THIS SPACE**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PC  
COOPERMAN, EDWIN  
17651 LAKE ESTATES DR.  
BOCA RATON, FL 33496**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCT  
TERRY, EUGENE  
17759 LAKE ESTATES DR.  
BOCA RATON, FL 33496**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
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BOCA RATON, FL 33496**

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NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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01/14/05-80020-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/05 5614836866