

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2007 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**



08022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0768481</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

**10. OFFICERS AND DIRECTORS**

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

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

TITLE	S
NAME	COOPERMAN, E.
STREET ADDRESS	17651 LAKE ESTATES DR.
CITY-ST-ZIP	BOCA RATON, FL 33496

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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08/08/07-80001-011 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

8/12/07