2001 UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Appli Not A State City & State City & State Country Zip Country Zip Country Zip Gountry Tip Country Tip Country Tip Country Tip Country Tip Street Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and side if applicable. (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) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF ITILE NAME STREET ADDRESS STREET ADDRESS	olied For Applicable
Mailing Address 380 N CRESCENT DR BEVERLY HILLS CA 90210 2. Principal Place of Business 3. Mailing Address 180 S. Chinton Ave Suite, Apt. #, etc. City & State City & State Country Count	olied For Applicable
Mailing Address 380 N CRESCENT DR BEVERLY HILLS CA 90210 2. Principal Place of Business 3. Mailing Address 5. Chindry Ave Suite, Apt. #, etc. City & Slate City & Slate Country	olied For Applicable
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Street Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 agent, or both, in the State of Florida. SIGNATURE Signature, hyped or preted name of registered agent and the if applicable. (NOTE Registered Agent signature required when remastang) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) TILE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT STREET ADDRESS	olied For Applicable
2. Principal Place of Business 3. Mailing Address	olied For Applicable
Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Appli Not A Suite For Required Appli Not A Suite Country Signature, typed or printed name of registered agent and vite if applicable. Signature, typed or printed name of registered agent and vite if applicable. Note: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State Note: Registered Agent signature required when reinstating) Trust Fund Contribution. Added to Change Interest and State Interest and State Interest	olied For Applicable
Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Appl Not A Space Space Country Space 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL 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 Signature, typed or prieded name of registered agent and tries if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Change [PD CARTER, WILLIAM 380 N CRESCENT DR	Applicable tional
Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Step Status Desired Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Change INAME CARTER, WILLIAM STREET ADDRESS 360 N CRESCENT DR	Applicable tional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (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) Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILL NAME CARTER, WILLIAM STREET ADDRESS 360 N CRESCENT DR	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title If applicable. 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE NAME CARTER, WILLIAM STREET ADDRESS 360 N CRESCENT DR	
PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE NAME CARTER, WILLIAM STREET ADDRESS	
PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE NAME CARTER, WILLIAM 360 N CRESCENT DR City Till Till Till NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) STILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Make Check Payable to Department of State 11.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE NAME CARTER, WILLIAM STREET ADDRESS 360 N CRESCENT DR	
ITLE PD Delete TITLE CARTER, WILLIAM NAME TREET ADDRESS 360 N CRESCENT DR STREET ADDRESS	o Fees
NAME CARTER, WILLIAM STREET ADDRESS 360 N CRESCENT DR STREET ADDRESS	Addition,
	_/
	/ ,
TITLE DCQO Deje TITLE Chappe [☐ Addition
NAME LEE, BAVID NAME STREET ADDRESS 380 N CRESCENT DR STREET ADDRESS 380 N CRESCENT DR STREET ADDRESS 360 N CRESCENT DR	
OTTY-ST-ZIP BEVERLY-HILLS CA 90210 SIRCE MUDICIS SIRCE SIRCE MUDICIS SIRCE MUDICIS SIRCE MUDICIS SIRCE SIRCE MUDICIS SIRCE MUDICIS SIRCE SIRCE SIRCE SIRCE SIRCE SIRCE SIRCE SIRCE SIRCE	50.00
TITLE D Delete TITLE Change [Addition
NAME COHRS, DAN STREET ADDRESS 360 N CRESCENT DR	
STREET ADDRESS GITY-ST-ZIP BEVERLY HILLS CA 90210 CITY-ST-ZIP CFO Delete TITLE OLOPSON, ROY STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	
TITLE CFO Delete TITLE	Addition
NAME OLOFSON, ROY STREET ADDRESS 360 N CRESCENT OR STREET ADDRESS	
CITY-ST-ZIP BEVERLY HILLS CA 90210 CITY-ST-ZIP	
TITLE V Delete TITLE Change [☐ Addition
TESORIERO, JOE STREET ADDRESS 360 M CRESCENT DR CITY-ST-ZIP BEVERLY HILLS CA 90210	
	Addition
NAME COOK, SHERRI STREET MODRESS 360 N CRESCENT DR	
STREET ADDRESS 360 N CRESCENT DR CITY_ST-ZIP BEVERLY HILLS CA 90210 STREET ADDRESS CITY-ST-ZIP	
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 supplied entry that the information indicated on this report or supplied entry that I am an officer or of the corporation or the receiver or pused empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Blockinged, or on an attachment/with an gudges, with all other like empowered.	ı
1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	ormation

Directors, Officers Report

GC Dev. Co., Inc. September 12, 2001

DIRECTORS

Thomas J. Casey

Dan Cohrs Brian Fink Director

Director

Director

OFFICERS

Thomas J. Casey

Dan Cohrs

Susan E. Dullabh

Gary Julien

Richard N. Kappler

Telenara 11. Kuppier

Barbara J. LaVerdi

Joseph Perrone

Mitchell C. Sussis

Joseph S. Tesoriero Glenn Tobias

Kevin Voong

Chief Executive Officer

Chief Financial Officer

Treasurer

Vice President

Assistant Treasurer

Vice President

A section of G

Assistant Secretary Vice President

Vice President

Secretary

Vice President

Vice President

Assistant Treasurer

2062

180 South Clinton Ave. Rochester, New York 14646