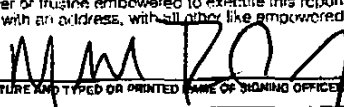


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90970 039 ***150.00

DOCUMENT # F99000003642					
1. Entity Name GAMCO INVESTORS, INC.					
Principal Place of Business PLAZA CENTER, STE 503 249 ROYAL PALM WAY PALM BEACH, FL 33480			Mailing Address PLAZA CENTER, STE 503 249 ROYAL PALM WAY PALM BEACH, FL 33480		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FCI Number 13-4044521			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			Additional Fee Required \$8.75		
6. Name and Address of Current Registered Agent MATHISON, GERALD 249 ROYAL PALM WAY PALM BEACH, FL 33480			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature of person or registered agent used on application. (NOT Registered Agent signature required when amending) 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	SV	☐ Delete	TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	DETORE, STEPHEN M		NAME	REGINA MPITARD	
STREET ADDRESS	ONE CORPORATE CENTER		STREET ADDRESS	ONE CORPORATE CENTER	
CITY-ST-ZIP	RYE, NY 10580		CITY-ST-ZIP	RYE, NY 10580	
TITLE	VD	☐ Delete	TITLE	WILLIAM S. SELBY	☐ Change ☒ Addition
NAME	JAMIESON, DOUGLAS R		NAME	ONE CORPORATE CENTER	
STREET ADDRESS	ONE CORPORATE CENTER		STREET ADDRESS	RYE, NY 10580	
CITY-ST-ZIP	RYE, NY 10580		CITY-ST-ZIP	DIRECTOR	
TITLE	V	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	MCKEE, JAMES E		NAME		
STREET ADDRESS	ONE CORPORATE CENTER		STREET ADDRESS		
CITY-ST-ZIP	RYE, NY 10580		CITY-ST-ZIP		
TITLE	TV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ANASTASIO, MICHAEL R		NAME		
STREET ADDRESS	ONE CORPORATE CENTER		STREET ADDRESS		
CITY-ST-ZIP	RYE, NY 10580		CITY-ST-ZIP		
TITLE	CD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RINDLER JR, JOSEPH R		NAME		
STREET ADDRESS	ONE CORPORATE CENTER		STREET ADDRESS		
CITY-ST-ZIP	RYE, NY		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCHOLZ II, F. WILLIAM		NAME		
STREET ADDRESS	ONE CORPORATE CENTER		STREET ADDRESS		
CITY-ST-ZIP	RYE, NY		CITY-ST-ZIP		
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 #					