

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000005113

1. Entity Name
GRP FINANCIAL SERVICES CORP.



Principal Place of Business
360 HAMILTON AVENUE
5TH FLOOR
WHITE PLAINS, NY 10601

Mailing Address
360 HAMILTON AVENUE
5TH FLOOR
WHITE PLAINS, NY 10601

06 JAN -9 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

13-4074973

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BOWDEN, NATALIE
STREET ADDRESS 360 HAMILTON AVENUE, 5TH FLOOR
CITY-ST-ZIP WHITE PLAINS, NY 10601

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Charles Andrews
CITY-ST-ZIP 12061 Bluemont Way
Reston, VA 20190

TITLE V ☐ Delete
NAME DINARDI, JOANNE
STREET ADDRESS 360 HAMILTON AVENUE, 5TH FLOOR
CITY-ST-ZIP WHITE PLAINS, NY 10601

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS John F. Whorley
CITY-ST-ZIP 12061 Bluemont Way
Reston, VA 20190

TITLE V ☐ Delete
NAME WALDMAN, ANDREW
STREET ADDRESS 360 HAMILTON AVENUE, 5TH FLOOR
CITY-ST-ZIP WHITE PLAINS, NY 10601

TITLE ☐ Change ☐ Addition
NAME 600064515156
STREET ADDRESS 01/25/06--01035--003 **158.75
CITY-ST-ZIP

TITLE V ☐ Delete
NAME KOPS, ZEV
STREET ADDRESS 360 HAMILTON AVENUE, 5TH FLOOR
CITY-ST-ZIP WHITE PLAINS, NY 10601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME TESS, KRISTIN
STREET ADDRESS 360 HAMILTON AVENUE, 5TH FLOOR
CITY-ST-ZIP WHITE PLAINS, NY 10601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME ROBERTS, DAVID
STREET ADDRESS 360 HAMILTON AVENUE, 5TH FLOOR
CITY-ST-ZIP WHITE PLAINS, NY 10601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

1/5/06 (914) 397-7500