

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005113

FILED
Mar 05, 2009
Secretary of State

Entity Name: GRP FINANCIAL SERVICES CORP.

Current Principal Place of Business:

445 HAMILTON AVENUE
8TH FLOOR
WHITE PLAINS, NY 10601

New Principal Place of Business:

Current Mailing Address:

445 HAMILTON AVENUE
8TH FLOOR
WHITE PLAINS, NY 10601

New Mailing Address:

FEI Number: 13-4074973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOWDEN, NATALIE
Address: 445 HAMILTON AVE, 8TH FL
City-St-Zip: WHITE PLAINS, NY 10601

Title: V (X) Delete
Name: DINARDI, JOANNE
Address: 445 HAMILTON AVE, 8TH FL
City-St-Zip: WHITE PLAINS, NY 10601

Title: V (X) Delete
Name: WALDMAN, ANDREW
Address: 445 HAMILTON AVE, 8TH FL
City-St-Zip: WHITE PLAINS, NY 10601

Title: V () Delete
Name: KOPS, ZEV
Address: 445 HAMILTON AVE, 8TH FL
City-St-Zip: WHITE PLAINS, NY 10601

Title: S () Delete
Name: TESS, KRISTIN
Address: 445 HAMILTON AVE, 8TH FL
City-St-Zip: WHITE PLAINS, NY 10601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TESS, KRISTIN L
Address: 445 HAMILTON AVE, 8TH FL
City-St-Zip: WHITE PLAINS, NY 10601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: FARRINGTON, ROBERT
Address: 445 HAMILTON AVE, 8TH FL
City-St-Zip: WHITE PLAINS, NY 10601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIN L. TESS

P

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date