

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M81180

1. Entity Name

GMCE, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90003 047 \*\*\*150.00

Principal Place of Business	Mailing Address
1131 BENFIELD BLVD. A MILLERSVILLE MD 21108 US	1131 BENFIELD BLVD. A MILLERSVILLE MD 21108-2540 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	59-2892291	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

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.

SIGNATURE \_\_\_\_\_ (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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE	DPT <input type="checkbox"/> Delete
NAME	HOSMER, LAWRENCE J
STREET ADDRESS	1131 BENFIELD BLVD, SUITE A
CITY-ST-ZIP	MILLERSVILLE MD
TITLE	VS- <input checked="" type="checkbox"/> Delete
NAME	RORECH, GREGORY J
STREET ADDRESS	14497 N. DALE MABRY HWY #155
CITY-ST-ZIP	TAMPA FL 33618
TITLE	V <input type="checkbox"/> Delete
NAME	REID, JAMES J
STREET ADDRESS	4700 LAKEHURST CT., SUITE 100
CITY-ST-ZIP	DUBLIN OH
TITLE	V <input type="checkbox"/> Delete
NAME	SHETTY, NANJUN
STREET ADDRESS	2301 REXWOODS DR. STE 200
CITY-ST-ZIP	RALEIGH NC 27607
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6397 Emerald Parkway, Suite 150
CITY-ST-ZIP	Dublin, OH 43016
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 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 11 or Block 12 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

04.24.00

(410) 987-0032

CR2E034 (9/99)