

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P02000059771

1. Entity Name
GSI COMMERCE CALL CENTER, INC.



Principal Place of Business
915 S. BABCOCK STREET
MELBOURNE, FL 32901 US

Mailing Address
935 FIRST AVENUE
ATTENTION: GENERAL COUNSEL
KING OF PRUSSIA, PA 19406

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

FILED

07 JUN 25 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800104802778

06202007 Chg-P CR2E034 (12/06)



4. FEI Number
03-0467643

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 Amanda Roath **Amanda Roath**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **As its agent** DATE June 25, 2007

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP | CEO RUBIN, MICHAEL G 935 FIRST AVENUE KING OF PRUSSIA, PA 19406 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RUBIN, MICHAEL G. 935 FIRST AVE KING OF PRUSSIA, PA 19406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D CONN, MICHAEL R 935 FIRST AVENUE KING OF PRUSSIA, PA 19406 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CATALDO, PAUL D. 935 FIRST AVE KING OF PRUSSIA, PA 19406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D MILLER, ARTHUR H 935 FIRST AVENUE KING OF PRUSSIA, PA 19406 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Miller, Arthur H. 935 First Ave. King of Prussia, Pa 19406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D BLYSKAL, ROBERT J 935 FIRST AVENUE KING OF PRUSSIA, PA 19406 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP WUESTHOFF, ROBERT 935 FIRST AVENUE KING OF PRUSSIA, PA 19406 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Arthur H. Miller **Exec. V.P.** 6/21/07 610-491-7005
Signature and typed or printed name of signing officer or director Date Deletion Phone #



CORPORATION SERVICE COMPANY

282

ACCOUNT NO. : 072100000032

REFERENCE : 964099 5172752

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ 558.75

ORDER DATE : June 22, 2007

ORDER TIME : 9:08 AM

ORDER NO. : 964099-005

CUSTOMER NO: 5172752

ANNUAL REPORT FILING

NAME: GSI COMMERCE CALL CENTER, INC.

RECEIVED
07 JUN 25 AM 11:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Roath-EXT#2955

EXAMINER'S INITIALS: _____