

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90023 048 \*\*\*150.00

<b>DOCUMENT # P05068</b> 1. Entity Name <b>GENERAL COMPUTER CORPORATION OF OHIO</b>					
Principal Place of Business <b>26 CENTURY BLVD SUITE 601 NASHVILLE, TN 37214</b>			Mailing Address <b>669 RIVER DR. CENTER 2 ELMWOOD PARK, NJ 07407</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>669 RIVER DRIVE, CENTER 2 Suite, Apt. #, etc. c/o LEGAL DEPT.</b>			
City & State		City & State <b>ELMWOOD PARK, NJ</b>			
Zip	Country	Zip <b>07407</b>	Country <b>US</b>		
4. FEI Number <b>34-1057848</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				07072005    Chg-P    CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>					
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOKOMBE, TONY 26 CENTURY BLVD. NASHVILLE, TN 37214	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. TONY HOLCUMBE 26 CENTURY BLVD. NASHVILLE, TN 37214	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VUOLO, ANTHONY 669 RIVER DRIVE, CENTER 2 ELMWOOD, NJ 07407	<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	DVGS MELE, CHARLES A 669 RIVER DRIVE, CENTER 2 ELMWOOD, NJ 07407	<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	V SOLANO, RICK D 669 RIVER DRIVE, CENTER 2 ELMWOOD, NJ 07407	<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	V RYAN, LINDA 15 CENTURY BLVD, STE 600 NASHVILLE, TN 37214	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSEANN STAMPE 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK, NJ 07407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAILLA, FRANK J JR 669 RIVER DRIVE, CENTER 2 ELMWOOD, NJ 07407	<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 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.					
<b>SIGNATURE:</b> 			<b>ROSEANN STAMPE, VP</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>7/7/05</b> Daytime Phone #: <b>(201) 703-3417</b>		