

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P16664

1. Entity Name
GS METALS CORP.



Principal Place of Business
**3764 LONGSPUR ROAD
PINCKNEYVILLE, IL 62274**

Mailing Address
**3764 LONGSPUR ROAD
PINCKNEYVILLE, IL 62274**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
37-1221635

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COCO, KENNETH W.
3764 LONGSPUR ROAD
PINCKNEYVILLE, IL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GALLITANO, DENNIS J.
3500 THREE FIRST NATIONAL PLAZA
CHICAGO, IL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FULTON, ROBERT
3764 LONGSPUR ROAD
PINCKNEYVILLE, IL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BITTO, JAMES
3764 LONGSPUR ROAD
PINCKNEYVILLE, IL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCKENNA, JAMES P
3764 LONGSPUR ROAD
PINCKNEYVILLE, IL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BICKHAUS, NORMAN
3764 LONGSPUR ROAD
PINCKNEYVILLE, IL**

000000416372
02/13/06-80013-001 150.00

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IN THIS SPACE**

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: JAMES P. MCKENNA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06 (618) 357-5353
Date Daytime Phone #