

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P26232 (9)

1. Corporation Name

GCS SERVICE, INC.

FILED
96 DEC -6 PM 3: 53

SECRETARY OF STATE
FLORIDA



REINSTATEMENT

Principal Place of Business Mailing Address
83 WOOSTER HEIGHTS ROAD 83 WOOSTER HEIGHTS ROAD
DANBURY CT 06810-7547 DANBURY CT 06810-7547

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified
09/29/1989

3a. Date of Last Report
04/11/1995

4. FEI Number

13-0758620

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature of the person named in Block 9, if not applicable

Asst Secretary

(NOTE: Registered Agent signature required when reinstating)

11/12/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME TYLER, BARTON P.
STREET ADDRESS 124 N. SALEM RD., RT. 121
CITY - ST - ZIP CROSS RIVER NY

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME No LONGER A
1.3 STREET ADDRESS DIRECTOR
1.4 CITY - ST - ZIP

TITLE PD ☐ DELETE
NAME TYLER, WESLEY B.
STREET ADDRESS 11 PILGRIM LANE
CITY - ST - ZIP MONROE CT

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 500002024775--D
2.3 STREET ADDRESS -12/10/96--01101--005
2.4 CITY - ST - ZIP ***488.75 ***488.75

TITLE VS ☐ DELETE
NAME LAU, ALEX W.
STREET ADDRESS 3 BISBEE DRIVE
CITY - ST - ZIP SOUTH SALEM NY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME TYLER, PARKET R.
STREET ADDRESS 375 CHERRY STREET
CITY - ST - ZIP BEDFORD HILLS NY

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME GOULD, GREGORY
STREET ADDRESS 2 LILAC PLACE
CITY - ST - ZIP THORNWOOD NY

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME MARGALIT, NIR E.
STREET ADDRESS 3829 JASON AVENUE
CITY - ST - ZIP ALEXANDRIA VA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I
further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and
that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/05/96 203-792-4599
Date Daytime Phone #