FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26232** **(9)**

1. Corporation Name
GCS SERVICE, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/29/1989**
3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip:
25: Country:

2a. Mailing Address
26:
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

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

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	1.1 TITLE	Director - no longer CEO	☒ Change ☐ Addition
NAME	TYLER, BARTON P.	1.2 NAME		
STREET ADDRESS	MAIN STREET	1.3 STREET ADDRESS	124 N. Salem Rd, Rt. 121	
CITY-ST-ZIP	GOLDENS BRIDGE NY	1.4 CITY-ST-ZIP	Cross River, NY 10518	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	TYLER, WESLEY B.	2.2 NAME		
STREET ADDRESS	11 PILGRIM LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MONROE CT	2.4 CITY-ST-ZIP		
TITLE	VS	3.1 TITLE		☐ Change ☐ Addition
NAME	LAU, ALEX W.	3.2 NAME		
STREET ADDRESS	3 BISBEE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH SALEM NY	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	TYLER, PARKET R.	4.2 NAME		
STREET ADDRESS	375 CHERRY STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	BEDFORD HILLS NY	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GOULD, GREGORY	5.2 NAME		
STREET ADDRESS	2 LILAC PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	THORNWOOD NY	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MARGALIT, NIR E.	6.2 NAME		
STREET ADDRESS	3829 JASON AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA	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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ VP 4/6/95 203-792-4599
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0383811 FP