

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90204 014 \*\*\*150.00

**DOCUMENT # P26232**

1. Entity Name

**GCS SERVICE, INC.**

Principal Place of Business

100 MILL PLAIN RD.  
 2ND FLOOR  
 DANBURY CT 06811

Mailing Address

100 MILL PLAIN RD.  
 2ND FLOOR  
 DANBURY CT 06811

**GCS SERVICE INC.**  
**TAX DEPARTMENT**  
**370 WABASHA ST. N.**  
**ST. PAUL, MN 55102-1390**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**370 N. WABASHA ST.**  
 Suite, Apt. #, etc.

3. Mailing Address

**370 N. WABASHA ST.**  
 Suite, Apt. #, etc.

City & State

**ST. PAUL, MN**

City & State

**ST. PAUL, MN**

Zip

**55102**

Country

**USA**

Zip

**55102**

Country

**USA**

4. FEI Number

**13-0758620**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DORDELL, TIMOTHY P</b>	
STREET ADDRESS	<b>370 N. WABASHA ST.</b>	
CITY-ST-ZIP	<b>ST. PAUL MN 55102</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>IVERSON, KENNETH A</b>	
STREET ADDRESS	<b>370 N. WABASHA ST.</b>	
CITY-ST-ZIP	<b>ST. PAUL MN 55102</b>	
TITLE	<b>VO</b>	<input type="checkbox"/> Delete
NAME	<b>O'BRIEN, JAMES A</b>	
STREET ADDRESS	<b>1489 BALTIMORE PIKE 203</b>	
CITY-ST-ZIP	<b>SPRINGFIELD PA 19064</b>	
TITLE	<b>VRO</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROWLAND, JAMES J</b>	
STREET ADDRESS	<b>817 N THIRD ST</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19123</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>GM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NICHOLS, STEVE</b>	
STREET ADDRESS	<b>370 N. WABASHA ST.</b>	
CITY-ST-ZIP	<b>ST. PAUL MN 55102</b>	
TITLE	<b>VP-TAX</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FORSYTHE, JOHN</b>	
STREET ADDRESS	<b>370 N. WABASHA ST.</b>	
CITY-ST-ZIP	<b>ST. PAUL MN 55102</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John Forsythe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN FORSYTHE**

Date

**4-27-01**

Daytime Phone #

**651-293-2287**

CR2E034 (10/00)