2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am D DCUMENT # P26232 **Secretary of State** 1. intity Name 02-05-2002 90137 014 ***150.00 GC SERVICE, INC. Principal Place of Business Mailing Address 370 N WABASHA STREET 370 N WABASHA STREET SAINT PAUL MN 55102 SAINT PAUL MN 55102 2. Principal Place of Business 3. Mailing Address M. KO ancounting of N 70 Wanacina Ot. N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Aity State City & State 4. FEI Number Applied For MM 13-0758620 Not Applicable Country Country 5. Certificate of Status Desired Fee Required: - : 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD ୍ତି । ବିଶେଷ ବର୍ଷ ୧୯୪୪ ଜନ୍ମ ବ୍ୟବସ୍ଥର । City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. -Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE X Addition Gan A. Mazzilli DORDELL, TIMOTHY P NAME NAME TTO Waragna Col. N. STREET ADDRESS 370 N. WABASHA ST. STREET ADDRESS ST. PAUL MN 55102 CITY-ST-ZIP CITY-ST-ZIP Paul, MN 5 5100 TITLE Delete TITLE Change Addition D IVERSON, KENNETH A NAME NAME STREET ADDRESS STREET ADDRESS 370 N. WABASHA ST. CITY ST-ZIP CITY-ST-7IP ST. PAUL MN 55102 Addition TITLE ۷0 Delete TITLE Change NAME NAME O'BRIEN, JAMES A STREET ADDRESS 1489 BALTIMORE PIKE 203 STREET ADDRESS CITY-ST-7IP SPRINGFIELD PA 19064 CITY - ST- 7IP Addition TITLE ☐ Delete TITLE Change NAME NICHOLS. STEVE NAME STREET ADDRESS 370 N WABASHA STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SAINT PAUL MN 55102 Change Addition TITLE ☐ Defete TITLE NAME FORSYTHE, JOHN NAME STREET ADDRESS STREET ADDRESS 370 N WABASHA STREET CITY-ST-ZIP CITY-ST-ZIP SAINT-PAUL MN-55102 -Change Addition TITLE TITLE Delete NAME NAME J 43 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Signature: John Forcium 01-17-00 Wolfganger

13. I hereby certify that the information supplied with this filling 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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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