## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## Jan 17, 2006 8:00 am **Secretary of State** DOCUMENT # P26232 01-17-2006 90231 034 \*\*\*150.00 1. Entity Name GCS 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 Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 13-0758620 Not Applicable Zip Zip Country \$8.75 Additional 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 PLANTATION, FL 33324 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. Farm familiar with, and accept Signature, typed or printed name or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete ☐ Change ☐ Addition DORDELL, TIMOTHY P NAME NAME STREET ADORESS 370 N. WABASHA ST. STREET ADDRESS CITY-ST-ZIP ST. PAUL, MN 55102 CITY-SE-ZIP VPGM TITLE ☐ Delete TITLE ☐ Change Addition GUSTAFSON, MICHAEL NAME NAME 370 N. WABASHA ST. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP ST. PAUL, MN 55102 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition VANGUARD, MARK NAME NAME STREET ADDRESS 370 WABASHA ST N STREET ADDRESS CITY-ST ZIP SAINT PAUL, MN 55107 CITY ST-ZIP ASSISTUM Treosaurer Delete X Addition TITLE TITLE ☐ Change Kofi A. Bruce 270 wardsna St N Straul, Mn Foloo HSU, SAM NAME 370 N WABASHA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PAUL, MN 55102 CHY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition ☐ Change FORSYTHE, JOHN NAME NAJAE STREET ADDRESS 370 N WABASHA STREET STREET ADDRESS SAINT PAUL, MN 55102 CHTY-ST-ZIP -CITY-ST-ZIP 'ASI' 50 . . . . 4 . 111 2 . TITLE ☐ Delete Change ☐ Addition DUVICK, DAVID NAME NAME STREET ADDRESS 370 WANASNA ST N STREET ADDRESS

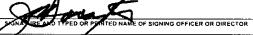
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SAINT PAUL, MN 55102



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