

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26232

Entity Name: GCS SERVICE, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

370 N WABASHA STREET
SAINT PAUL, MN 55102

New Principal Place of Business:

370 N WABASHA STREET
SAINT PAUL, MN 55102 US

Current Mailing Address:

370 N WABASHA STREET
SAINT PAUL, MN 55102

New Mailing Address:

ASSISTANT SECRETARY
370 N WABASHA STREET
SAINT PAUL, MN 55102 US

FEI Number: 13-0758620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUVICK, DAVID
Address: 370 WABASHA ST. N
City-St-Zip: ST. PAUL, MN 55102

Title: VPGM () Delete
Name: GUSTAFSON, MICHAEL
Address: 370 N. WABASHA ST.
City-St-Zip: ST. PAUL, MN 55102

Title: VPT () Delete
Name: CORKREAN, JOHN
Address: 370 WABASHA ST N
City-St-Zip: SAINT PAUL, MN 55102

Title: VPT () Delete
Name: JOHNSON, PATRICIA
Address: 370 WABASHA ST. N
City-St-Zip: SAINT PAUL, MN 55102

Title: VPS (X) Delete
Name: DUVICK, DAVID
Address: 370 WABASHA ST. N
City-St-Zip: SAINT PAUL, MN 55102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DUVICK, DAVID
Address: 370 WABASHA ST. N
City-St-Zip: ST. PAUL, MN 55102 US

Title: VPGM (X) Change () Addition
Name: HICKEY, MICHAEL
Address: 370 N. WABASHA ST.
City-St-Zip: ST. PAUL, MN 55102 US

Title: VPT (X) Change () Addition
Name: BRUCE, KOFI
Address: 370 WABASHA ST N
City-St-Zip: SAINT PAUL, MN 55102 US

Title: VPS (X) Change () Addition
Name: DUVICK, DAVID
Address: 370 WABASHA ST. N
City-St-Zip: SAINT PAUL, MN 55102 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID DUVICK

VPS

04/29/2009

Electronic Signature of Signing Officer or Director

Date