

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



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

19964-1096

B-3559

C

DOCUMENT # **P94000076042 (8)**

1. Corporation Name  
**GENERAL AMERICAN CORPORATION NATIONAL PROCESSING CENTER, INC.**



Principal Place of Business: **10120 W BROAD STREET GLEN ALLEN VA 22021**  
 Mailing Address: **10120 W BROAD STREET GLEN ALLEN VA 22021**

3. Date Incorporated or Qualified: **10/17/1994**  
 3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business: **21 10120 West Broad St**  
 Suite, Apt. #, etc.:  
**22 Suite A**  
 City & State: **23 Glen Allen VA**  
 Zip: **24 23060** Country: **25 USA**  
 2a. Mailing Address: **26 10120 West Broad St**  
 Suite, Apt. #, etc.:  
**27 Suite A**  
 City & State: **28 Glen Allen VA**  
 Zip: **29 20306** Country: **30 USA**

4. FEI Number: **58-2142477**  
 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**

**C T CORPORATION SYSTEM  
 1200 SOUTH 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  
 85 Zip Code  
**FL**

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

Signature (hand or printed name of registered agent) (Block 12)

(Block 13) Registered Agent Signature (required when not listing)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>GORDON, IRA H</b>	
STREET ADDRESS	<b>700 5TH AVENUE</b>	
CITY - ST - ZIP	<b>PITTSBURGH PA 15219</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>GORDON, PETER</b>	
STREET ADDRESS	<b>700 5TH AVENUE</b>	
CITY - ST - ZIP	<b>PITTSBURGH PA 15219</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(k), 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, on an attachment with an address.

SIGNATURE: *Peter Gordon* **Peter Gordon, President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96 (412) 765-0505  
 DATE DAYTIME PHONE #

CR2E034 (12/95)