

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000013048

Entity Name: GT US, INC.

FILED  
May 03, 2004  
Secretary of State

**Current Principal Place of Business:**

321 FORTUNE BLVD.  
MILFORD, MA 01757

**New Principal Place of Business:**

**Current Mailing Address:**

321 FORTUNE BLVD.  
MILFORD, MA 01757

**New Mailing Address:**

FEI Number: 65-0744025

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PENINSULA REGISTERED AGENTS, INC.  
200 SOUTH BISCAYNE BLVD., 43RD FLOOR  
MIAMI, FL 33131 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: CEO ( ) Delete  
Name: WISE, JVERGEN  
Address: OTTOSTRASSE Y  
City-St-Zip: KARLSRUHE, GERMANY,

Title: P ( ) Delete  
Name: KARL-HEINZ, DAHLEY  
Address: 321 FORTUNE BLVD.  
City-St-Zip: MILFORD, MA 01757

Title: TS ( ) Delete  
Name: O'TOOLE, COLLEEN  
Address: 321 FORTUNE BLVD.  
City-St-Zip: MILFORD, MA 01757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: WEGE, JUERGEN  
Address: OTTOSTRASSE 4  
City-St-Zip: KARLSRUHE, GERMANY, MA 76227

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: COLLEEN O'TOOLE

TS

05/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date