

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000005130

1. Entity Name
GLP EUROPE, INC.



FILED
04 APR 30 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1045 MERRITT DR
TALLAHASSEE, FL 32301

Mailing Address
1045 MERRITT DR
TALLAHASSEE, FL 32301

2. Principal Place of Business

2750 Old St. Augustine Rd
Suite, Apt. #, etc.
N145

3. Mailing Address

2750 Old St. Augustine Rd
Suite, Apt. #, etc.
N145

04292004

Chg-P

CR2E034 (10/03)

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

USA

Zip

32301

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1045 MERRITT DR
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Brendan G. Stalter

Street Address (P.O. Box Number is Not Acceptable)

2750 Old St. Augustine Rd

N145

City

Tallahassee

FL

Zip Code

32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brendan G. Stalter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST
NAME SOSNOWSKI, MARIUS Z
STREET ADDRESS 3600 CRYSTAL COP DR
CITY-ST-ZIP LAS VEGAS, NV 89117 ☒ Delete

TITLE D
NAME SOSNOWSKI, MARIUS Z
STREET ADDRESS 3600 CRYSTAL COP DR.
CITY-ST-ZIP LAS VEGAS, NV 89117 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST
NAME Harri Lögler D'Casagione
STREET ADDRESS c.p. 88, Marina di Pietrasanta
CITY-ST-ZIP Tuscany, Italy I-55044 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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.

SIGNATURE:

Harri Lögler D'Casagione 4/29/04 +33-3477-833.966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #