FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **S28296** **(9)**

1. Corporation Name

GSI NORTH AMERICA, INC.

Principal Place of Business

ONE INDEPENDENT SQUARE
SUITE 3000
JACKSONVILLE FL 32207

Mailing Address

P.O. BOX 59
JACKSONVILLE FL

3. Date First Incorporated or Qualified: **01/30/1991**

3a. Date of Last Report: **03/21/1995**

4. FEI Number: **59-3052158**

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

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip | 25 Country

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip | 30 Country

9. Name and Address of Current Registered Agent

JOHNSTON, BARBARA C
3000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1005, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	**STD**	☐ DELETE
NAME	**COLLIER, STEPHEN**	
STREET ADDRESS	**4 CORNWALL TERRACE**	
CITY-ST-ZIP	**LONDON NW1 4QP**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	STD	☑ Change ☐ Addition
1a. NAME	COLLIER, STEPHEN	
1b. STREET ADDRESS	210 EUSTON ROAD	
1c. CITY-ST-ZIP	LONDON NW1 2DA	
2. TITLE		☐ Change ☐ Addition
2a. NAME		
2b. STREET ADDRESS		
2c. CITY-ST-ZIP		
3. TITLE		☐ Change ☐ Addition
3a. NAME		
3b. STREET ADDRESS		
3c. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
4a. NAME		
4b. STREET ADDRESS		
4c. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
5a. NAME		
5b. STREET ADDRESS		
5c. CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
6a. NAME		
6b. STREET ADDRESS		
6c. CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing, and any attachments hereto, is true and accurate and that, for the exemption set forth in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this 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 or added above.

SIGNATURE: S. J. COLLIER 03.18.96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE