

2014 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F01000000288

Entity Name: GILMAN CIOCIA, INC.**Current Principal Place of Business:**11 RAYMOND AVENUE
POUGHKEEPSIE, NY 12603**Current Mailing Address:**11 RAYMOND AVENUE
POUGHKEEPSIE, NY 12603**FEI Number:** 11-2587324**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title	DIRECTOR, PRESIDENT
Name	RYAN, MICHAEL P
Address	11 RAYMOND AVENUE
City-State-Zip:	POUGHKEEPSIE NY 12603

Title	DIRECTOR
Name	CIOCIA, JAMES H
Address	11 RAYMOND AVENUE
City-State-Zip:	POUGHKEEPSIE NY 12603

Title	DIRECTOR
Name	FAGENSON, ROBERT
Address	11 RAYMOND AVENUE
City-State-Zip:	POUGHKEEPSIE NY 12603

Title	DIRECTOR
Name	GOLDWASSER, MARK
Address	11 RAYMOND AVENUE
City-State-Zip:	POUGHKEEPSIE NY 12603

Title	DIRECTOR
Name	KLEIN, MARK
Address	11 RAYMOND AVENUE
City-State-Zip:	POUGHKEEPSIE NY 12603

Title	SECRETARY, TREASURER
Name	ABBATE, MAUREEN
Address	11 RAYMOND AVENUE
City-State-Zip:	POUGHKEEPSIE NY 12603

I hereby 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 all other like empowered.

SIGNATURE: MAUREEN ABBATE**SECRETARY****06/12/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date