

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004692

Entity Name: GC&E SYSTEMS GROUP, INC.**Current Principal Place of Business:**5835 PEACHTREE CORNERS EAST
SUITE A
NORCROSS, GA 30092**Current Mailing Address:**5835 PEACHTREE CORNERS EAST
SUITE A
NORCROSS, GA 30092**FEI Number:** 58-2468870**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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	CEO
Name	O'SULLIVAN, DAN
Address	5835 PEACHTREE CORNERS EAST, SUITE A
City-State-Zip:	NORCROSS GA 30092

Title	COO
Name	BRISTOL, DENNIS
Address	5835 PEACHTREE CORNERS EAST, SUITE A
City-State-Zip:	NORCROSS GA 30092

Title	CFO
Name	SANTACROCE, JOHN CPA
Address	5835 PEACHTREE CORNERS EAST SUITE A
City-State-Zip:	NORCROSS GA 30092

Title	DIR
Name	O'SULLIVAN, DAN
Address	5835 PEACHTREE CORNERS EAST SUITE A
City-State-Zip:	NORCROSS GA 30092

Title	DIR
Name	BRISTOL, DENNIS
Address	5835 PEACHTREE CORNERS EAST SUITE A
City-State-Zip:	NORCROSS GA 30092

Title	SECRETARY
Name	FERRELL, ED
Address	5835 PEACHTREE CORNERS EAST SUITE A
City-State-Zip:	NORCROSS GA 30092

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: JOHN SANTACROCE**CFO****04/11/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date