

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003589

Entity Name: GPD SERVICES COMPANY, INC.**Current Principal Place of Business:**520 S. MAIN ST., SUITE 2531
AKRON, OH 44311**Current Mailing Address:**520 S. MAIN ST., SUITE 2531
AKRON, OH 44311**FEI Number: 34-1378518****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324 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 DT
Name SHIVES, JAMES R
Address 520 S. MAIN ST., SUITE 2531
City-State-Zip: AKRON OH 44311

Title DP
Name EVANS, JEFFREY D
Address 520 S. MAIN ST., SUITE 2531
City-State-Zip: AKRON OH 44311

Title D
Name MARTIN, DAVID J
Address 520 S. MAIN ST., SUITE 2531
City-State-Zip: AKRON OH 44311

Title DS
Name RODIA, DANIEL
Address 520 S. MAIN ST., SUITE 2531
City-State-Zip: AKRON OH 44311

Title D
Name WELLS, ANGELA D
Address 520 S. MAIN ST., SUITE 2531
City-State-Zip: AKRON OH 44311

Title D
Name KOTECKI, DARRIN
Address 520 S. MAIN ST., SUITE 2531
City-State-Zip: AKRON OH 44311

Title DV
Name WOODS, JEFFREY T
Address 520 S. MAIN ST., SUITE 2531
City-State-Zip: AKRON OH 44311

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: JAMES R. SHIVES**TREASURER****02/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date