

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003240

Entity Name: THE GALE GROUP, INC.**Current Principal Place of Business:**27500 DRAKE RD.
FARMINGTON HILLS, MI 48331**Current Mailing Address:**5191 NATORP BLVD
TAX DEPT 3RD FLOOR
MASON, OH 45040**FEI Number:** 06-1411737**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 CFO
Name DURBIN, DEAN
Address 200 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title EXECUTIVE CHAIRMAN
Name DUNN, RONALD
Address 200 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title ASEC
Name SCHILLING, ANGELA M
Address 5191 NATORP BLVD
City-State-Zip: MASON OH 45040

Title DIRECTOR
Name BRUSSEL, C. LUKE
Address 200 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title VPS
Name CARSON, KENNETH
Address 200 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title TRS
Name MULLIGAN, BRIAN
Address 200 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title EVP
Name FAIMAN, DAVID
Address 200 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name DURBIN, DEAN D
Address 200 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

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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: ANGELA M SCHILLING

ASST SECRETARY

09/27/2013

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	CEO
Name	HANSEN, MICHAEL
Address	200 FIRST STAMFORD PLACE
City-State-Zip:	STAMFORD CT 06902