

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26232

Entity Name: GCS SERVICE, INC.**Current Principal Place of Business:**370 N WABASHA STREET
SAINT PAUL, MN 55102**Current Mailing Address:**ASSISTANT SECRETARY
370 N WABASHA STREET
SAINT PAUL, MN 55102 US**FEI Number:** 13-0758620**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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	D&S
Name	DUVICK, DAVID
Address	370 WABASHA ST. N
City-State-Zip:	ST. PAUL MN 55102

Title	D&P
Name	HSU, SAM
Address	370 N. WABASHA ST.
City-State-Zip:	ST. PAUL MN 55102

Title	VPT
Name	CHEW, CHING-MENG
Address	370 WABASHA ST N
City-State-Zip:	SAINT PAUL MN 55102

Title	VP
Name	ORMAN, GREG
Address	370 WABASHA ST. N
City-State-Zip:	SAINT PAUL MN 55102

Title	VPGM
Name	EMORY, WILLIAM
Address	370 WABASHA ST. N
City-State-Zip:	SAINT PAUL MN 55102

Title	VP
Name	MCNAMARA, JUDY
Address	370 WABASHA ST. N
City-State-Zip:	SAINT PAUL MN 55102

Title	ASST. TREASURER
Name	MITCHELL, DAVID J
Address	370 N WABASHA STREET
City-State-Zip:	SAINT PAUL MN 55102

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: DAVID F. DUVICK**SECRETARY****04/14/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date