

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# F95000005334

Entity Name: GILC INCORPORATED

Current Principal Place of Business:

585 WEST BEACH STREET
WATSONVILLE, CA 95076

New Principal Place of Business:

Current Mailing Address:

PO BOX 50085
ATTN: LEGAL DEPT.
WATSONVILLE, CA 950775085

New Mailing Address:

FEI Number: 77-0406448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOREY, WILLIAM G
Address: 585 WEST BEACH STREET
City-St-Zip: WATSONVILLE, CA 95076

Title: PCEO () Delete
Name: BARTON, WILLIAM E
Address: 585 WEST BEACH STREET
City-St-Zip: WATSONVILLE, CA 95076

Title: CFOV () Delete
Name: DESAI, JIGISHA
Address: 585 WEST BEACH STREET
City-St-Zip: WATSONVILLE, CA 95076

Title: VPS () Delete
Name: FUTCH, MICHAEL
Address: 585 WEST BEACH STREET
City-St-Zip: WATSONVILLE, CA 95076

Title: VPAS () Delete
Name: GRAZIAN, DAVID R
Address: 585 WEST BEACH STREET
City-St-Zip: WATSONVILLE, CA 95076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PCEO (X) Change () Addition
Name: STEWART, LEANNE M
Address: 585 WEST BEACH STREET
City-St-Zip: WATSONVILLE, CA 95076

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL FUTCH

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04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date