

1.) CORPORATION NAME:

DUE DATE: **8/31/2014**

**GMRI, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0255671**

**CORPORATE CREATIONS NETWORK INC  
4445 CORPORATION LN 2ND FL  
VIRGINIA BEACH, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 DARDEN CENTER DR  
CORPORATE TAX DEPT

CITY/ST/ZIP: ORLANDO, FL 32837

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM R WHITE III	
TITLE:	P/T	
ADDRESS:	1000 DARDEN CENTER DR	
CITY/ST/ZIP/CO:	ORLANDO, FL 32837	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PATRICK HARRIGAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	1000 DARDEN CENTER DR	
CITY/ST/ZIP/CO:	ORLANDO, FL 32837	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOSEPH G KERN	
TITLE:	VP/S	
ADDRESS:	1000 DARDEN CENTER DRIVE	
CITY/ST/ZIP/CO:	ORLANDO, FL 32837	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GORETTI CO	
TITLE:	ASST TREASURER	
ADDRESS:	1000 DARDEN CENTER DR	
CITY/ST/ZIP/CO:	ORLANDO, FL 32837	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANGELA SIMMONS	
TITLE:	ASST TREASURER	
ADDRESS:	1000 DARDEN CENTER DR	
CITY/ST/ZIP/CO:	ORLANDO, FL 32837	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	COLLEEN HUNTER	
TITLE:	ASST SECRETARY	
ADDRESS:	1000 DARDEN CENTER DR	
CITY/ST/ZIP/CO:	ORLANDO, FL 32837	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ ANGELA SIMMONS</u>	<u>ANGELA SIMMONS, ASST</u>	<u>7/10/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.