

1.) CORPORATION NAME:

**GPD TELECOM, INC.**

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1801895**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	20,000
COMB	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 520 S MAIN ST #2531

CITY/ST/ZIP: AKRON, OH 44311

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.

<p>NAME: JEFFREY D EVANS TITLE: PRESIDENT ADDRESS: 520 S MAIN ST #2531 CITY/ST/ZIP/CO: AKRON, OH 44311</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY T WOODS TITLE: VICE PRESIDENT ADDRESS: 520 S MAIN ST #2531 CITY/ST/ZIP/CO: AKRON, OH 44311</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BRADLEY D CRAMER TITLE: SECRETARY ADDRESS: 520 S MAIN ST #2531 CITY/ST/ZIP/CO: AKRON, OH 44311</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES R SHIVES TITLE: TREA ADDRESS: 520 S MAIN ST #2531 CITY/ST/ZIP/CO: AKRON, OH 44311</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID B GRANGER TITLE: DIRECTOR ADDRESS: 520 S MAIN ST #2531 CITY/ST/ZIP/CO: AKRON, OH 44311</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DARRIN KOTECKI TITLE: DIRECTOR ADDRESS: 520 S MAIN ST #2531 CITY/ST/ZIP/CO: AKRON, OH 44311</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	DAVID J MARTIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	520 S MAIN ST #2531		
CITY/ST/ZIP/CO:	AKRON, OH 44311		
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.			
/s/ JAMES R SHIVES	JAMES R SHIVES, TREA	9/26/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.			