

1.) CORPORATION NAME:

GPD TELECOM, INC.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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.

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|---|---|--|
| <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/ JEFFREY D EVANS | JEFFREY D EVANS, PRESIDENT | 11/1/2013 |
| 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.