

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214510649

1.) CORPORATION NAME:

**GCR Inc. of Virginia (USED IN VA BY: GCR Inc.)**

DUE DATE: **2/26/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1955030**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**LA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2021 Lakeshore Dr  
Ste 500

CITY/ST/ZIP: New Orleans, LA 70122

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 type="checkbox"/>	DIRECTOR
NAME:	James Andersen				
TITLE:	VICE PRESIDENT				
ADDRESS:	1445 East Putnam Ave				
CITY/ST/ZIP/CO:	Old Greenwich, CT 06870				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	Paul Caliento				
TITLE:	TREASURER				
ADDRESS:	1445 East Putnam Ave				
CITY/ST/ZIP/CO:	Old Greenwich, CT 06870				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	Mathias Rumilly				
TITLE:	SECRETARY				
ADDRESS:	1445 East Putnam Ave				
CITY/ST/ZIP/CO:	Old Greenwich, CT 06870				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	Gregory C Rigamer				
TITLE:	VICE PRESIDENT				
ADDRESS:	2021 Lakeshore Dr Ste 500				
CITY/ST/ZIP/CO:	New Orleans, LA 70122				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	Michael W Flores				
TITLE:	COO				
ADDRESS:	2021 Lakeshore Dr Ste 500				
CITY/ST/ZIP/CO:	New Orleans , LA 70122				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	Joseph Posewick				
TITLE:	DIRECTOR				
ADDRESS:	1445 East Putnam Avenue				
CITY/ST/ZIP/CO:	Old Greenwich, CT 06870				

NAME: Angele Romig TITLE: VICE PRESIDENT ADDRESS: 2021 Lakeshore Dr Ste 500 CITY/ST/ZIP/CO: New Orleans, LA 70122	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Phillip Brodt TITLE: VICE PRESIDENT ADDRESS: 2021 Lakeshore Dr Ste 500 CITY/ST/ZIP/CO: New Orleans, LA 70122	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Todd Bouillion TITLE: VICE PRESIDENT ADDRESS: 2021 Lakeshore Dr Ste 500 CITY/ST/ZIP/CO: New Orleans, LA 70122	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
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/ Michael WFlores	Michael WFlores,	2/26/2014
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.		