


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000001924

1. Entity Name
GLOBCOM, INC.



Principal Place of Business Mailing Address

2100 SANDERS ROAD, STE. 150 2100 SANDERS ROAD, STE. 150
 NORTHBROOK, IL 60062 US NORTHBROOK, IL 60062 US

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 36-4054494 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	KOFMAN, GLEN
STREET ADDRESS	2100 SANDERS ROAD, SUTIE 150
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	VP
NAME	VITAL, JOE
STREET ADDRESS	2100 SANDERS ROAD, SUTIE 150
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	S
NAME	KOFMAN, RAISA
STREET ADDRESS	2100 SANDERS ROAD, SUTIE 150
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	D
NAME	KOFMAN, GLENN
STREET ADDRESS	2100 SANDERS ROAD, SUTIE 150
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joe Vital 3/1/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date