

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90025 009 ***150.00

DOCUMENT # F03000003971

1. Entity Name
GLENCOE GROUP SERVICES INC.



Principal Place of Business
SUITE 900E, 5080 SPECTRUM DR.
ADDISON, TX 75001

Mailing Address
SUITE 900E, 5080 SPECTRUM DR.
ADDISON, TX 75001



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2102187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD RIKER, WILLIAM I SUITE 900E, 5080 SPECTRUM DR. ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEATHERLY, DAVID SUITE 900E, 5080 SPECTRUM DR. ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS BOWDEN, TRACY SUITE 900E, 5080 SPECTRUM DR. ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUMMIS, JOHN M SUITE 900E, 5080 SPECTRUM DR. ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, SVP Richard B. Primerano Suite 900E, 5080 Spectrum Dr. Addison, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Woldemar W. Schlaegel Suite 900E, 5080 Spectrum Dr. Addison, TX 75001

**DO NOT WRITE
IN THIS SPACE**

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: Tracy H. Bowden Tracy H. Bowden 2/10/04 972-664-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #