2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000002998

1. Entity Name
LOOKING GLASS NETWORKS, INC.

Principal Place of Business	Mailing Address
1111 W. 22ND STREET SUITE 600 OAK BROOK, IL 60523-9022 US	1111 W. 22ND STREET SUITE 600 OAK BROOK, IL 60523-9022 US

DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-4359168

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
1201 HAYS ST
TALLAHASSEE, FL 32301

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REFER, LYNN E
STREET ADDRESS	1111 W. 22ND STREET, STE 600
CITY-ST-ZIP	OAK BROOK, IL 605239022
TITLE	AS
NAME	RIOS, PAUL
STREET ADDRESS	1111 W. 22ND STREET, STE 600
CITY-ST-ZIP	OAK BROOK, IL 605239022
TITLE	S
NAME	CARO, JODI J
STREET ADDRESS	1111 W. 22ND STREET, STE 600
CITY-ST-ZIP	OAK BROOK, IL 605239022
TITLE	CFO
NAME	BUTLER, DOUG
STREET ADDRESS	1111 W. 22ND ST., STE.600
CITY-ST-ZIP	OAK BROOK, IL 605231986
TITLE	D
NAME	GERDELMAN, JOHN W
STREET ADDRESS	90 S. CASCADE AVE., STE. 500
CITY-ST-ZIP	COLORADO SPRINGS, CO 80903
TITLE	D
NAME	WILSON, DAVID R.
STREET ADDRESS	TWO MT. ROYAL AVE., STE.300
CITY-ST-ZIP	MARLBOROUGH, MA 01752

U00000551828
05/13/06-80116-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Tony T Bull 4/27/06 (630) 242-2075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #