
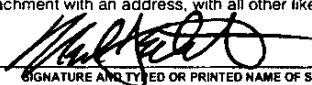


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90088 009 \*\*\*150.00

<b>DOCUMENT # F00000002998</b> 1. Entity Name <b>LOOKING GLASS NETWORKS, INC.</b>							
Principal Place of Business <b>1111 W. 22ND STREET SUITE 600 OAK BROOK, IL 60523-9022 US</b>			Mailing Address <b>1111 W. 22ND STREET SUITE 600 OAK BROOK, IL 60523-9022 US</b>				
2. Principal Place of Business - No P.O. Box # <b>1025 Eldorado Blvd.</b>		3. Mailing Address <b>1025 Eldorado Blvd</b>					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 					
City & State <b>Broomfield, CO</b>		City & State <b>Broomfield, CO</b>		4. FEI Number <b>36-4359168</b>			
Zip <b>80021</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LEXIS DOCUMENT SERVICES INC. 1201 HAYS ST TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REFER, LYNN E 1111 W. 22ND STREET, STE 600 OAK BROOK, IL 605239022	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kenn J. O'Hara 1025 Eldorado Blvd. Broomfield, CO 80021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RIOS, PAUL <del>1111 W. 22ND STREET, STE 600</del> <del>OAK BROOK, IL 605239022</del>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1025 Eldorado Blvd. Broomfield, CO 80021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARO, JODI J 1111 W. 22ND STREET, STE 600 OAK BROOK, IL 605239022	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Thomas C. Stortz 1025 Eldorado Blvd. Broomfield, CO 80021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BUTLER, DOUG 1111 W. 22ND ST., STE.600 OAK BROOK, IL 605231986	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Sunil Patel 1025 Eldorado Blvd. Broomfield, CO 80021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERDELMAN, JOHN W 90 S. CASCADE AVE., STE. 500 COLORADO SPRINGS, CO 80903	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James A. Crowe 1025 Eldorado Blvd. Broomfield, CO 80021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, DAVID R TWO MT. ROYAL AVE., STE.300 MARLBOROUGH, MA 01752	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Neil J. Eckstein 1025 Eldorado Blvd. Broomfield, CO 80021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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.							
<b>SIGNATURE:</b> 				<b>SVP, Asst. Secretary</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>4-17-07</b>		Daytime Phone # <b>(720) 888-8824</b>	