

F00000003201

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: GLASSCO Insurance Services, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James T. Joyce 100003273161--3
(Name of Person) -06/01/00--01031--001
GLASSCO Ins Services *****87.50 *****87.50
(Firm/Company)
8200 Greensboro Dr Suite 306
(Address)
McLEAN VA 22102
(City/State/Zip)

MUH

Should you need to call someone concerning this matter, please call:

James T. Joyce at (703) 748-2602
(Name of Person) (Area Code & Daytime Telephone Number)

00 JUN - 1 PM 12:13
SECRETARY OF STATE
DIVISION OF CORPORATIONS

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. GLASSCO Insurance Services, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE 3. 54-1907425
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-14-1998 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon Approval
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 8200 Greensboro Dr Suite 306
McLean VA 22102
(Current mailing address)

8. insurance sales
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

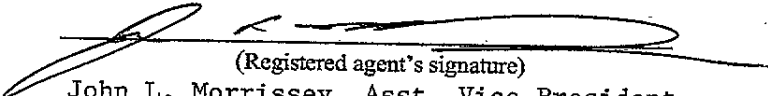
Name: National Corporate Research, Ltd.

Office Address: 1406 Hays Street, Suite #2

Tallahassee, Florida, 32301
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

John L. Morrissey, Asst. Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

See Attached List

00 JUN - 1 PM 12:13
RECEIVED STATE
DIVISION OF CORPORATIONS

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____ *List is Attached* _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: _____

Address: _____ *List is Attached* _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
James T. Joyce
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____
James T. Joyce Ex Vice President
(Typed or printed name and capacity of person signing application)

Glassco Insurance Services, Inc.
8200 Greensboro Dr.
Suite 306
McLean, VA 22102
EIN # 54-1907425

The National Glass Association wholly owns the agency (domiciled in Delaware), and National Glass Association is a 501 © corporation (non-for profit) that is operated by the board of directors of the association. National Glass Association owns 100% of the stock of Glassco Ins. Services, Inc.

A listing of the current National Glass Association Board of Directors is attached. None of the board of directors is active in the agency nor are any of them licensed insurance agents.

There is also a list of the current officers of Glassco Ins. Services, Inc. of which there are only two (2), one active and licensed for P&C (James T. Joyce, Executive Vice President) and one that is not active nor licensed (Philip J. James, President) as an insurance agent.

**Board of Directors of Glassco Insurance Services, Inc.
FIE # 54-1907425**

All Glassco Directors are current officers of the National Glass Association (NGA)
NGA is the sole owner and holds 100% of the stock.
None of these directors are active in the daily running of the agency nor do they have an insurance agent's license in any state.

Neil Smith
GLASPRO
301 NW 10th Ave.
Portland, OR 97209-3110
Phone (503) 224-7796
Fax (503) 227-2194
SS # 544-48-1445
D/O/B 07/03/44

Robert Hartong
W.A. Wilson, Inc.
6 Industrial Park Dr.
Wheeling, WV 26003
Phone (304) 232-2200
Fax (304) 232-6413
SS # 297-34-0697
D/O/B 04/12/38

Tom Higginbottom
MYGRANT Glass Co., Inc.
1970 Alpine Way
Hayward, CA 94545
Phone (510) 785-4360
Fax (510) 785-3176
SS # 013-44-6974
D/O/B 06/12/52

Richard M. Bakke
Bakke & Associates
48 Penrith Rd
Portland, ME 04102
Phone (207) 772-9067
Fax (207) 871-9881
SS # 007-28-7710
D/O/B 05/16/32

Philip J. James
National Glass Association
8200 Greensboro Dr. Suite 302
McLean, VA 22102-3881
Phone (703) 442-4890
Fax (703) 442-0630
SS # 148-34-7979
D/O/B 10/23/45

04/03/00

GLASSCO INSURANCE SERVICES, INC.

Licensed Officers:

James Theodore Joyce, Executive Vice President

D/O/B 04/14/53

SS # 491-60-5368

**Home address: 46659 Ashmere Sq.
Potomac Falls, VA 20165-7500**

Non-Licensed Officers

Philip Jonathon James, President

D/O/B 10/23/45

SS # 148-34-7979

**Home address: 10003 Robindale Dr.
Great Falls, VA 22066**

Glassco Ins. Services Inc. has only 2 officers. Mr. Joyce is active in the Ins. Agency and Mr. James is not active and does not have any insurance licenses in any state.

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GLASSCO INSURANCE SERVICES, INC."
IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND
IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR
AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF
APRIL, A.D. 2000.



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A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

AUTHENTICATION: 0360866

DATE: 04-04-00