

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90097 028 \*\*\*150.00

**DOCUMENT # F00000003201**

1. Entity Name

**GLASSCO INSURANCE SERVICES, INC.**

Principal Place of Business

**8200 GREENSBORO DR., SUITE 306  
MCLEAN VA 22102**

Mailing Address

**8200 GREENSBORO DR., SUITE 306  
MCLEAN VA 22102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **54-1907425**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD.  
1406 HAYS STREET, SUITE #2  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	SMITH, NEIL	301 NW 10TH AVE.	PORTLAND OR 97209-3110	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	HIGGINBOTTOM, TOM	1970 ALPINE WAY	HAYWARD CA 94545	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	JAMES, PHILIP J	8200 GREENSBORO DR., SUITE 302	MCLEAN VA 22102-3881	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	HARTONG, ROBERT	6 INDUSTRIAL PARK DR	WHEELING WV 26003	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	BAKKE, RICHARD M	48 PENRITH RD	PORTLAND ME 04102	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip J. James

Date

703-442-4890

Daytime Phone #

CR2E034 (10/00)