

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000003519

FILED
Mar 15, 2005
Secretary of State

Entity Name: THE BOATSWAIN'S LOCKER, INC.

Current Principal Place of Business:

200 WEST MADISON STREET, SUITE 2710
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

C/O PETER LAWRENCE
10 S.WACKER DR.SUITE 4000
CHICAGO, FL 60606

New Mailing Address:

C/O DIANA DAVIS
4565 LAKESIDE DRIVE
JACKSONVILLE, FL 32210

FEI Number: 36-4383979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: NOT REQUIRED

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: GLASTRIS, WILLIAM V JR.
Address: 200 WEST MADISON STREET, SUITE 2710
City-St-Zip: CHICAGO, IL 60606

Title: DVPA () Delete
Name: BENFORD, EDWARD H
Address: 200 WEST MADISON STREET, SUITE 2710
City-St-Zip: CHICAGO, IL 60602

Title: S () Delete
Name: BENFORD, EDWARD H
Address: 200 WEST MADISON STREET, SUITE 2710
City-St-Zip: CHICAGO, IL 60602

Title: P () Delete
Name: BRANSFORD, WILLIAM J
Address: 4565 LAKESIDE DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPST () Delete
Name: EVINS, DAVID M
Address: 40 SAROSOTA CENTER BLVD.UNIT A
City-St-Zip: SAROSOTA, FL 34240

Title: AS () Delete
Name: WILEN, ROGER R
Address: 10 WACKER DR.STE 4000
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: REYENGER, RICK
Address: 19 QUALITY CIRCLE
City-St-Zip: VONORE, TN 37885

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: MONROE, TOM
Address: 19 QUALITY CIRCLE
City-St-Zip: VONORE, TN 37885

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J BRANSFORD

P

03/15/2005

Electronic Signature of Signing Officer or Director

Date