

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004007

FILED
Jan 21, 2009
Secretary of State

Entity Name: GLSEN, INC.

Current Principal Place of Business:

90 BROAD STREET
2ND FLOOR
NEW YORK, NY 10004

New Principal Place of Business:

Current Mailing Address:

90 BROAD STREET, 2ND FLOOR
NEW YORK, NY 10004

New Mailing Address:

90 BROAD STREET
2ND FLOOR
NEW YORK, NY 10004

FEI Number: 04-3234202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: BYARD, ELIZA
Address: 90 BROAD STREET, 2ND FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: D () Delete
Name: NILSON, ERIC J
Address: 1001 LAKESIDE AVE., 13TH FLOOR
City-St-Zip: CLEVELAND, OH 44114

Title: CEO () Delete
Name: JENNINGS, KEVIN
Address: 90 BROAD ST, 2ND FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: D () Delete
Name: CHASE, BOB
Address: 2828 WISCONSIN AVE
City-St-Zip: WASHINGTON, DC 20007

Title: T () Delete
Name: FLORES, DOUG
Address: 90 BROAD STREET, 2ND FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: D () Delete
Name: BROCKMAN, KEVIN
Address: 500 SOUTH BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VC (X) Change () Addition
Name: TENICELA, TONY
Address: 425 MARKET STREET, 17TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94105

Title: S (X) Change () Addition
Name: PIERCE, ED
Address: 9105 CORDELL DRIVE
City-St-Zip: LOS ANGELES, CA 90069

Title: C (X) Change () Addition
Name: CHASE, BOB
Address: 2828 WISCONSIN AVE
City-St-Zip: WASHINGTON, DC 20007

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: P.A. GOLDSMITH

RCC

01/21/2009

Electronic Signature of Signing Officer or Director

Date