2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# F94000005764

Entity Name: GLAUCOMA RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

490 POST STREET
SUITE 1427
SAN FRANCISCO, CA 94102

New Principal Place of Business:

Current Mailing Address:

490 POST STREET
SUITE 1427
SAN FRANCISCO, CA 94102

New Mailing Address:

FEI Number: 94-2495035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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:	C	( ) Delete
Name:	SINGLETON, DENNIS E	
Address:	2180 SAND HILL RD STE 100	
City-St-Zip:	MENLO PARK, CA 94025	
Title:	VC	( ) Delete
Name:	HETHERINGTON, JOHN	
Address:	490 POST ST, #608	
City-St-Zip:	SAN FRANCISCO, CA 94102	
Title:	PCEO	( ) Delete
Name:	BRUNNER, THOMAS M	
Address:	490 PORT ST STE 1427	
City-St-Zip:	SAN FRANCISCO, CA 94102	
Title:	T	( ) Delete
Name:	PORTER, DEIDRE	
Address:	353 SACRAMENTO ST STE 600	
City-St-Zip:	SAN FRANCISCO, CA 94111	
Title:	VC	( ) Delete
Name:	CUNNINGHAM, C S	
Address:	1775 YORK AVE., APT. #11F	
City-St-Zip:	NEW YORK, NY 10128	
Title:	S	( ) Delete
Name:	IWACH, ANDREW G MD	
Address:	490 POST ST STE 608	
City-St-Zip:	SAN FRANCISCO, CA 94102	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. BRUNNER PCEO 01/06/2005

Electronic Signature of Signing Officer or Director — Date