


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90039 019 \*\*\*150.00

<b>DOCUMENT # F95000004023</b> 1. Entity Name TRAINOR GLASS COMPANY	
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Principal Place of Business 1101 13TH ST. WEST P. O. BOX 11325 RIVIERA BCH, FL 33404 US	Mailing Address 11901 S AUSTIN AVENUE ALSIP, IL 60803 US
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**50027382**



03032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-2244854	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  TRAINOR, ROBERT J 1101 13TH ST. WEST RIVIERA BCH, FL 33404	<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAINOR, ROBERT J SR 8336 W. ARROWHEAD LN 21 W. Goethe, Unit 12L ORLAND PARK, IL Chicago, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP TRAINOR ROBERT J. JR 481 N. CLINTON 453 N. Canal CHICAGO, IL 60610 Chicago, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAINOR, JAMES J 20 CLUBSIDE DR. WILLOWBROOK, IL 60514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TRAINOR, EDWIN J 15620 FRANCES LANE ORLAND PARK, IL 60462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRAINOR, THOMAS D 12041 W. FLINT LOCKPORT, IL 60441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **3/09/05** **708-243-4288**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #