

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004023

FILED
May 07, 2006
Secretary of State

Entity Name: TRAINOR GLASS COMPANY

Current Principal Place of Business:

1101 13TH ST. WEST
P. O. BOX 11325
RIVIERA BCH, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

11901 S AUSTIN AVENUE
ALSIP, IL 60803 US

New Mailing Address:

FEI Number: 36-2244854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRAINOR, ROBERT J
1101 13TH ST. WEST
RIVIERA BCH, FL 33404 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

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: D () Delete
Name: TRAINOR, ROBERT J SR
Address: 21 W. GOETHE UNIT 126
City-St-Zip: CHICAGO, IL 60610

Title: CEOP () Delete
Name: TRAINOR ROBERT J. JR,
Address: 453 N. CANAL
City-St-Zip: CHICAGO, IL 60610

Title: D () Delete
Name: TRAINOR, JAMES J
Address: 20 CLUBSIDE DR.
City-St-Zip: WILLOWBROOK, IL 60514

Title: DS () Delete
Name: TRAINOR, EDWIN J
Address: 15620 FRANCES LANE
City-St-Zip: ORLAND PARK, IL 60462

Title: T () Delete
Name: TRAINOR, THOMAS D
Address: 12041 W. FLINT
City-St-Zip: LOCKPORT, IL 60441

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D. TRAINOR

D

05/07/2006

Electronic Signature of Signing Officer or Director

_____ Date