2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004023

Entity Name: TRAINOR GLASS COMPANY

FILED Feb 22, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
P. O. BOX	ST. WEST 11325 CH, FL 33404	US		
Current Mailing Address:			New Mailing Address:	
11901 S AU ALSIP, IL <i>6</i>	JSTIN AVENUE 80803 US	<u> </u>		
FEI Number:	36-2244854	FEI Number Applied For () FEI N	umber Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Cu	ırrent Registered Agent:	Name and Address o	f New Registered Agent:
1101 13TH	ROBERT J ST. WEST CH, FL 33404	US		
The above in the State		ubmits this statement for the purpose	of changing its registered	d office or registered agent, or both,
SIGNATUR	RE:			
	Electronic	Signature of Registered Agent		Date
Election Cam	npaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP ()E WILLIAM, TRAIN 10351 E 151ST S BRIGTON, CO 8	STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	CEOP () E TRAINOR ROBER 453 N. CANAL CHICAGO, IL 60		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	DS () E	Delete N.J.	Title: Name:	() Change () Addition
Address: City-St-Zip:	15620 FRANCES ORLAND PARK,	LANE	Address: City-St-Zip:	() Shange () Madaon

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS TRAINOR T 02/22/2008