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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006556

1. Corporation Name
GLASJAR CAPITAL, INC.



Principal Place of Business 225 LIBERTY STREET SOUTH TOWER, 14TH FLOOR NEW YORK CITY NY 10080-6114	Mailing Address 225 LIBERTY STREET SOUTH TOWER, 14TH FLOOR NEW YORK CITY NY 10080-6114
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/12/1996 4. FEI Number 13-3905320 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS ST. #2
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COBP	1.1 TITLE	VAS
NAME	LANE, CLINTON W III	1.2 NAME	TOMASELLI, JEAN M
STREET ADDRESS	250 VESEY ST, NT10FL	1.3 STREET ADDRESS	250 VESEY ST, NT10FL
CITY-ST-ZIP	NEW YORK NY 10281-1310	1.4 CITY-ST-ZIP	N.Y.C., NY 10281-1324
TITLE	VPAS	2.1 TITLE	
NAME	MARCOTTE, ROBERT L	2.2 NAME	
STREET ADDRESS	250 VESEY ST, NT10FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10281-1310	2.4 CITY-ST-ZIP	
TITLE	VPST	3.1 TITLE	
NAME	BROWN, JAMES A	3.2 NAME	
STREET ADDRESS	250 VESEY ST, NT10FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10281-1310	3.4 CITY-ST-ZIP	
TITLE	VPAS	4.1 TITLE	
NAME	PAK, JAMES J	4.2 NAME	
STREET ADDRESS	250 VESEY ST, NT10FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10281-1310	4.4 CITY-ST-ZIP	
TITLE	VAST	5.1 TITLE	
NAME	VALENTI, JOSEPH S	5.2 NAME	
STREET ADDRESS	225 LIBERTY ST, ST14FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10080-6114	5.4 CITY-ST-ZIP	
TITLE	VAST	6.1 TITLE	VAST
NAME	HAUGH, GERARD M	6.2 NAME	TOONE, KIRA J.
STREET ADDRESS	225 LIBERTY ST, ST14FL	6.3 STREET ADDRESS	225 LIBERTY ST, ST14FL
CITY-ST-ZIP	NEW YORK NY 10080-6114	6.4 CITY-ST-ZIP	NEW YORK, NY 10080-6114

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KIRA J. TOONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/99
Date

(212) 236-7502
Daytime Phone #

CR2E034 (11/98)