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Secretary of State
02-28-2008 90002 046 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000003407

1. Entity Name
GLW MEMBER, INC.

Principal Place of Business	Mailing Address
3700 STATE STREET SUITE 200 SANTA BARBARA, FL 93105	3700 STATE STREET SUITE 200 SANTA BARBARA, FL 93105

66013307

DO NOT WRITE IN THIS SPACE

01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0843379
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AVIS, WARREN E JR
125 WORTH AVE, SUITE 203
PALM BEACH, FL 33480

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GEORGAS, JOHN W
STREET ADDRESS	125 WORTH AVENUE, SUITE 203
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VP
NAME	GEORGAS, WILLIAM
STREET ADDRESS	3 MANHATTANVILLE RD STE 201
CITY-ST-ZIP	PURCHASE, NY 10577
TITLE	D
NAME	CHOPIN, L. FRANK
STREET ADDRESS	505 S FLAGLER DR STE 300
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	P
NAME	GEORGAS, GREGORY
STREET ADDRESS	125 WORTH AVENUE, SUITE 203
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	ST
NAME	CARR, LAURA G
STREET ADDRESS	3 MANHATTANVILLE RD STE 201
CITY-ST-ZIP	PURCHASE, NY 10577
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: V. PRESIDENT 5/27/08
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date (Corporate Name)