

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L98000002797**

1. Entity Name

SECURITY IMPACT GLASS HOLDINGS, L.L.C.**FILED**
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90800 033 ****55.00

Principal Place of Business

**1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH FL 33401**

Mailing Address

**P.O. BOX 3267
WEST PALM BEACH FL 33402****934523**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0875151

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAMMON, NANNETTE
1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	INTERNATIONAL GROUP INVESTMENTS, INC.	
STREET ADDRESS	762 RIDER ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GLASSTONE COMPANY	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., SUITE 1100	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Ron Cooper

Glasstone Company
Vice President**SIGNATURE:**

3/1/02

561/686-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)