FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04657 (3)

1. Corporation Name
U.S. AUTO GLASS CENTERS, INC.

Principal Place of Business	Mailing Address
2 N. LASALLE ST. SUITE 2500 CHICAGO IL 60602 US	2 N. LASALLE ST. SUITE 2500 CHICAGO IL 60602 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1985
3a. Date of Last Report: 06/07/1994

2. Principal Place of Business | 2a. Mailing Address
21 | 26
Suite, Apt. #, etc. 22 | 27
City & State 23 | 28
Zip 24 | Country 25 | Zip 29 | Country 30

4. FEI Number: 36-2828900 — Applied For / Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City — FL — 85 Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	TITLE	TREASURER — ☐ Change ☒ Addition
NAME	KELLMAN, JOSEPH	NAME	RAYMOND JANSON
STREET ADDRESS	2 N LASALLE S2500	STREET ADDRESS	2 N LASALLE ST., STE 2500
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	Chicago, IL 60602
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	RAIZES, MAURICE P.	NAME	
STREET ADDRESS	208 S. LASALLE ST.	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	PETTIT, SCOTT	NAME	
STREET ADDRESS	2 N. LASALEE ST., SUITE 2500	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. [illegible]

SIGNATURE: [signature] RAYMOND L. JANSON 4/28/95 (312)578-7235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0466082 FP