

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P38193**

(9)

1. Corporation Name

**GLENBROOK CORPORATION**

Principal Place of Business  
C/O FIRST WINTHROP CORP.  
ONE INTERNATIONAL PLACE  
BOSTON MA 02110

Mailing Address  
C/O FIRST WINTHROP CORP.  
ONE INTERNATIONAL PLACE  
BOSTON MA 02110

**FILED**

98 NOV 24 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 98**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. C/O First Winthrop Corp	26. Same
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
22. Five Cambridge Center 9th Fl	27.
23. City & State	28. City & State
23. Cambridge, MA	28.
24. 02142	29. Zip
25. USA	30. Country

3. Date Incorporated or Qualified
04/06/1992
4. FEI Number
04-3145880
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 owes or has paid the current year intangible
Personal Property Tax due June 30.
Yes No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

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 *Vicki Schreiber* *Asst. V.P.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/17/98

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	ASHNER, MICHAEL L
STREET ADDRESS	2 BRIDLE COURT
CITY-ST-ZIP	OYSTER COVE BAY NY
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MCCREADY, RICHARD J
STREET ADDRESS	ONE INTERNATIONAL PL
CITY-ST-ZIP	BOSTON MA 02110
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	FURBER, JEFFREY D
STREET ADDRESS	8 NANTUCKET ROAD
CITY-ST-ZIP	WELLESLEY MA 02181
TITLE	<input type="checkbox"/> DELETE
NAME	BRAVERMAN, PETER A
STREET ADDRESS	333 WEST END AVENUE, APT 1A
CITY-ST-ZIP	NEW YORK NY 10023
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	900002706379-2
2.3 STREET ADDRESS	-12/09/98-01001-011
2.4 CITY-ST-ZIP	****750.00 ****750.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/98 516 681 3636

CR2E034 (5/98)