

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90096 014 \*\*\*150.00

**DOCUMENT # P38193**

1. Entity Name  
**GLENBROOK CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 C/O FIRST WINTHROP CORP. C/O FIRST WINTHROP CORP.  
 FIVE CAMBRIDGE CENTER, 9TH FLOOR FIVE CAMBRIDGE CENTER, 9TH FLOOR  
 CAMBRIDGE MA 02142 CAMBRIDGE MA 02142-1493

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **04-3145880** Applied For  
 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back) **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State** 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ASHNER, MICHAEL L</b> <b>5 CAMBRIDGE CENTER, 9TH FLOOR</b> <b>CAMBRIDGE MA 02142</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Forrester, Allison</b> <b>5 Cambridge Center, 9th Floor</b> <b>Cambridge, MA 02142</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVAS</b> <b>BRAVERMAN, PETER</b> <b>5 CAMBRIDGE CENTER, 9TH FLOOR</b> <b>CAMBRIDGE MA 02142</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPS</b> <b>TIFFANY, CAROLYN</b> <b>5 CAMBRIDGE CENTER, 9TH FLOOR</b> <b>CAMBRIDGE MA 02142</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS</b> <b>SWEENEY JOHNSON, LARA</b> <b>5 CAMBRIDGE CENTER, 9TH FLOOR</b> <b>CAMBRIDGE MA 02142</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with another like employed.

SIGNATURE: *Allison Forrester* *Asst Secy* Date: *1/17/2000* Daytime Phone #: *516 822 0022*

CR2E034 (9/99)