

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90999 005 ***150.00

DOCUMENT # P38193

1. Entity Name
GLENBROOK CORPORATION

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

Mailing Address
**C/O FIRST WINTHROP CORP.
 FIVE CAMBRIDGE CENTER, 9TH FLOOR
 CAMBRIDGE MA 02142**

00000010



DO NOT WRITE IN THIS SPACE

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

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

(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, 2001 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	D	<input type="checkbox"/> Delete
NAME	ASHNER, MICHAEL L	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	SVAS	<input type="checkbox"/> Delete
NAME	BRAVERMAN, PETER	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	TIFFANY, CAROLYN	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	SWEENEY JOHNSON, LARA	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FORRESTER, ALLISON	
STREET ADDRESS	5 CAMBRIDGE CENTER 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allison Forrester

Asst Secy

Date

4/20/01

Daytime Phone #

516 681 3636

CR2E034 (10/00)