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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:05

DOCUMENT # **P38214** **(3)**

1. Corporation Name

GLENBOROUGH CORPORATION

Principal Place of Business	Mailing Address
400 SOUTH EL CAMINO REAL SUITE 1100 SAN MATEO CA 94402-1708 US	400 S. EL CAMINO REAL SUITE 1100 SAN MATEO CA 94402-1708 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/03/1992**
3a. Date of Last Report: **04/26/1994**

21 2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **94-2517122** ☐ 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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BATINOVICH, ROBERT	12 NAME	
STREET ADDRESS	400 S. EL CAMINO REAL	13 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO CA	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BATINOVICH, ANDREW	22 NAME	
STREET ADDRESS	400 S. EL CAMINO REAL	23 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO CA	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, FRANK	32 NAME	
STREET ADDRESS	400 S. EL CAMINO REAL	33 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO CA	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	BOYLE, SANDRA L.	42 NAME	
STREET ADDRESS	400 S. EL CAMINO REAL	43 STREET ADDRESS	
CITY ST ZIP	SAN MATEO CA	44 CITY ST ZIP	
TITLE	VS	51 TITLE	☐ Change ☐ Addition
NAME	EVANS, BARBARA L.	52 NAME	
STREET ADDRESS	400 SOUTH EL CAMINO REAL	53 STREET ADDRESS	
CITY ST ZIP	SAN MATEO CA	54 CITY ST ZIP	
TITLE	VSD	61 TITLE	☐ Change ☐ Addition
NAME	GARDNER, JUNE	62 NAME	
STREET ADDRESS	400 S. EL CAMINO REAL	63 STREET ADDRESS	
CITY ST ZIP	SAN MATEO CA	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Barbara L. Evans 3/24/95 415/343-9300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #
Barbara L. Evans