

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P38759** (7)
1. Corporation Name
GLENBOROUGH CORPORATION



Principal Place of Business 400 SOUTH EL CAMINO REAL SUITE 1100 SAN MATEO CA 94402-1708 US	Mailing Address 400 SOUTH EL CAMINO REAL SUITE 1100 SAN MATEO CA 94402-1708 US
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3. Date Incorporated or Qualified 05/07/1992	3a. Date of Last Report 04/01/1996
4. FEI Number 94-2997851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.,
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BOYLE, SANDRA L	
STREET ADDRESS	400 SOUTH EL CAMINO REAL SUITE 1100	
CITY-ST-ZIP	SAN MATEO CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BATINOVICH, ANDRES	
STREET ADDRESS	400 SOUTH EL CAMINO REAL, SUIT 1100	
CITY-ST-ZIP	SAN MATEO CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HENRICH, JUDY	
STREET ADDRESS	400 SOUTH EL CAMINO REAL, SUITE 1100	
CITY-ST-ZIP	SAN MATEO CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BAILEY, ROBERT E	
STREET ADDRESS	400 SOUTH EL CAMINO REAL, SUIT 1100	
CITY-ST-ZIP	SAN MATEO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRONE, WALLACE JR.	
STREET ADDRESS	400 SOUTH EL CAMINO REAL	
CITY-ST-ZIP	SAN MATEO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARDNER, JUNE	
STREET ADDRESS	400 SOUTH EL CAMINO REAL, SUITE 1100	
CITY-ST-ZIP	SAN MATEO CA	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Batinovich, Andrew
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 do 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, changed, or on an attachment with an address.

SIGNATURE:

Robert E. Bailey

Robert E. Bailey,
Secretary

2/18/97

(415) 343-9300

CR2E034 (9/96)