

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P40848** (4)

1. Corporation Name

MASSACHUSETTS GLASS SERVICE, INC.



Principal Place of Business

**30101 AGOURA CT.
AGOURA HILLS CA 91301**

Mailing Address

**30101 AGOURA CT.
AGOURA HILLS CA 91301**

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. #, etc.

State Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/05/1992

3a. Date of Last Report

03/27/1995

4. FEI Number

95-4263946

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

10. Name and Address of New Registered Agent

**DELOIAN, SHARRON
1180 S.W. 36TH AVE., S-204
POMPANO BEACH FL 33069**

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 607.1505, 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

2. Signature of person to be registered agent or officer or director

3. Signature of Registered Agent or person required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	CP	☐ DELETE
2. NAME	MITCHEL, LAWRENCE T.	
3. STREET ADDRESS	1 WESTBROOK CORP. CENTER	
4. CITY-STATE	WESTCHESTER IL	
5. TITLE	VPD	☐ DELETE
6. NAME	MITCHEL, DEANNA	
7. STREET ADDRESS	1 WESTBROOK CORP. CENTER	
8. CITY-STATE	WESTCHESTER IL	
9. TITLE	VP	☒ DELETE
10. NAME	MORRIS, KEVIN I.	
11. STREET ADDRESS	30101 AGOURA RD. S-231	
12. CITY-STATE	AGOURA HILLS CA	
13. TITLE	S	☐ DELETE
14. NAME	MITCHEL, ANDREA	
15. STREET ADDRESS	1 WESTBROOK CORP. CENTER	
16. CITY-STATE	WESTCHESTER IL	
17. TITLE	T	☐ DELETE
18. NAME	PIERCZYNSKI, JANET M.	
19. STREET ADDRESS	1 WESTBROOK CORP. CENTER	
20. CITY-STATE	WESTCHESTER IL	
21. TITLE		☐ DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE	

14. I further 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:

Andrea J. Mitchel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96
DATE

P408449606J
DOCUMENT #

CR2E034 (12/95)