2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P98000080222 04-05-2004 90063 050 ***158.75 1. Entity Name 1. Entity Name GLASSTONE OPERATING COMPANY **34043031** Principal Place of Business Mailing Address 1555 PALM BEACH LAKES BLVD. #1100 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102004 Cha-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-0866398 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ECCLESTONE, E L 1555 PALM BEACH LAKES BLVD. #1100 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33401 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DCP ☐ Delete TITLE ☐ Change ☐ Addition TITLE ECCLESTONE, EL NAME 1555 PALM BEACH LAKES BLVD. #1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP ☐ Change ☐ Addition DVT ☐ Delete TITI F NAME COOPER, RON NAME STREET ADDRESS 1555 PALM BEACH LAKES BLVD. #1100 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP ☐ Change Addition Delete TITLE GAMMON, NANNETTE NAME NAME STREET ADDRESS 1555 PALM BEACH LAKES BLVD, #1100 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 334021 CITY-ST-ZIF Change **XX**Addition ☐ Delete TITLE NAME MAME Patrice G Bishop 1555 Palm Beach Lakes Blvd #1100 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP West Palm Beach FL 33401 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Ron Cooper 4/1/04 561/686-2000 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED