2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

DOCUMENT # P98000080222 1. Entity Name GLASSTONE OPERATING COMPANY					02-25-2008 90039 038 ***158.75					
Principal Place of Business Mailing Address				<u> </u>						
1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401 US		C/O FLORIDA MANAGEMENT COMPANY P.O. BOX 3267 WEST PALM BEACH, FL 33402						n iin 16410 46010 184		
Principal Place of Business - No P.O. Box # Mailing Action			<u> </u>							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02082008	Chg-P	CR2E	034 (12/06)		
City & State		City & State				4. FEI Number Applied For 65-0866398 Not Applicable				
Zip	Country	Zip	Coun	try		5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		Name		7. Name and	Address of New Re	egistered	Agent	
ECCLEST	ONE. E L			Name						
1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401				Street Address (P.O. Box Number is Not Acceptable)						
	•	-								
				City				FL	Zip Cod	е
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2008: Fee will be \$550.00 9. Election Campaign Fi Trust Fund Contribution				ncing		00 May Be d to Fees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE			TITLE		[☐ Change	☐ Addition
NAME STREET ADDRESS	ECCLESTONE, E L 1555 PALM BEACH LAKES BLVD. #1100			E Et aodress						
CITY - ST - ZIP				-ST-ZIP	[
TITLE	DEVT Delete TITL				.'			-	☐ Change	Addition
NAME	COOPER, RON NAM				V/D HELEN	A LEYENDEC	KER		c.ago	DET MARKON
STREET ADDRESS	3.0				ADDRESS 1555 PALM BEACH LAKES B			1100		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			-ST-ZIP	WEST F	'ALM BEACH	, FL 33401			
TITLE NAME	S GAMMON, NANNETTE	☐ Delete	TITLE		S/T				Change	☐ Addition
STREET ADDRESS	1555 PALM BEACH LAKES BLVI	D, #1100		ET ADDRESS	NANN	ETTE GAMM	ON			
CITY-ST-ZIP	WEST PALM BEACH, FL 33402	1	CITY-	-ST-ZIP	1555 P	ALM BEACH PALM BEAC	LAKES BLVD, #	1100		
TITLE	V	Delete	TITLE		1	TAGIN BENC			☐ Change	☐ Addition
NAME CTREET ADDRESS	BISHOP, PATRICE G									
STREET ADDRESS CITY-ST-ZIP				ET ADORESS • ST - ZIP						
TITLE		☐ Delete	TITLE						☐ Change	Addition
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -St-zip						
TITLE	<u>.</u>	□ n-l-t-			-		· 			
NAME		☐ Delete	TITLE NAME						☐ Change	Addition
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP CITY 12. I hereby certify that the information supplied with this filing does not qualify for the ex-				ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

| AND | Company | Comp