

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90077 026 ***150.00

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01132004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000058182 1. Entity Name SPYGLASS CAPITAL MANAGEMENT COMPANY																																	
Principal Place of Business 801 LAUREL OAK DR, STE 610 STE 700 NAPLES, FL 34108			Mailing Address 801 LAUREL OAK DR, STE 610 STE 700 NAPLES, FL 34108																														
2. Principal Place of Business 801 Laurel Oak Dr. Suite, Apt. #, etc. Suite 700 City & State Naples, FL Zip 34108		3. Mailing Address 801 Laurel Oak Dr. Suite, Apt. #, etc. Suite 700 City & State Naples, FL Zip 34108		4. FEI Number 59-3592288																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable																															
6. Name and Address of Current Registered Agent BRODSKY, PAUL E 801 LAUREL OAK DR, STE 610 STE 700 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name Paul E Brodsky Street Address (P.O. Box Number is Not Acceptable) 801 Laurel Oak Dr. Suite 700 City Naples FL Zip Code 34108																														
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 Paul E. Brodsky 1/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D BRODSKY, PAUL E 801 LAUREL OAK DR STE 700 NAPLES, FL 34108 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODSKY, PAUL E 801 LAUREL OAK DR STE 700 NAPLES, FL 34108 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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.																																	
SIGNATURE: Paul E. Brodsky 1/15/04 239-594-2747 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																	