

DC-0367

375 410145
000498

2004-05-19
\$150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 JUN 21 PM 12: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202004 Chg-P CR2E034 (10/03)

4. FEI Number
13-3714398 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DOCUMENT # F00000001053
1. Entity Name
BARCLAYS SERVICES CORPORATION



Principal Place of Business
222 BROADWAY
12TH FLOOR 8th floor
NEW YORK, NY 10038
Mailing Address
222 BROADWAY
12TH FLOOR 8th floor
NEW YORK, NY 10038

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FLAIM, STEPHEN J 222 BROADWAY 8TH FLOOR NEW YORK, NY 10038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEMPSEY, GUY C JR. 222 BROADWAY 8TH FLOOR NEW YORK, NY 10038 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BYRNE, MARY 222 BROADWAY 8TH FLOOR NEW YORK, NY 10038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, MICHAEL 222 BROADWAY 8TH FLOOR NEW YORK, NY 10038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALAN B. KAPLAN 222 Broadway - 8th floor N.Y. N.Y. 10038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

S.C. From
Dept. of Financial
Services

4/22/04

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, 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: _____ DATE: 4/22/04 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE

OLO 430000 - DEPARTMENT OF FINANCIAL SERVICES
SITE 00 - DEPT. OF FINANCIAL SERVICES - DISBURSEME
(850)413-2118

SWDN D4000657703 ADOCNO V015569

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	ACCOUNT CODE	CF	TC	OBJECT		
43 10 2 393001 43010100 00 220030 00		25	8600	150.00	45 10 1 000132 45300100 00 000100 00			45		
					INVOICE # DC0367			150.00		
TRANSACTION CODE TOTAL							25	150.00	45	150.00

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ENTERED JUN 15 2004