


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90287 031 ***150.00

DOCUMENT # F0000001053

1. Entity Name
BARCLAYS SERVICES CORPORATION



Principal Place of Business Mailing Address

222 BROADWAY **222 BROADWAY**
12TH FLOOR **12TH FLOOR**
NEW YORK, NY 10038 **NEW YORK, NY 10038**

2. Principal Place of Business 3. Mailing Address *cto Barclays Tax*

200 Park Avenue *200 Cedar Knolls Road*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Bldg E, 3rd floor

City & State City & State

New York, NY *Whippany, NJ*

Zip Country Zip Country

10166 *U.S.* *07981* *U.S.*



04052005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

13-3714398 Not Applicable

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

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	FLAIM, STEPHEN J	
STREET ADDRESS	222 BROADWAY 8TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10038	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAPLAN, ALAN B	
STREET ADDRESS	222 BROADWAY 8TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10038	
TITLE	V	<input type="checkbox"/> Delete
NAME	BYRNE, MARY	
STREET ADDRESS	222 BROADWAY 8TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10038	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTGOMERY, MICHAEL	
STREET ADDRESS	222 BROADWAY 8TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10038	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Brasman	
STREET ADDRESS	200 Park Avenue	
CITY-ST-ZIP	New York, NY 10166	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 Park Avenue	
CITY-ST-ZIP	New York, NY 10166	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 Cedar Knolls Rd, Bldg E, 3rd flr	
CITY-ST-ZIP	Whippany, NJ 07981	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 Park Avenue	
CITY-ST-ZIP	New York, NY 10166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Mary Byrne* VP *4/16/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #