


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 A.M.
Secretary of State

DOCUMENT # 847836 1. Entity Name BARCLAYS CAPITAL INC.					
Principal Place of Business 200 PARK AVENUE NEW YORK, NY 10166 US			Mailing Address 200 CEDAR KNOLLS RD BLDG E, 3RD FLR WHIPPANY, NJ 07981 US		
2. Principal Place of Business		3. Mailing Address 200 Park Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Legal Department			
City & State		City & State New York, NY			
Zip	Country USA	Zip 10166	Country USA	4. FEI Number 06-1031656	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800066554298 02/24/06--01013--011 **150.00 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAROCCA, GERARD S 200 PARK AVENUE NEW YORK, NY 10166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIEBER, PAUL D W 200 PARK AVENUE NEW YORK, NY 10166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAPLAN, ALAN D B 200 PARK AVENUE NEW YORK, NY 10166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALARIS, THOMAS L 200 PARK AVENUE NEW YORK, NY 10166	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BYRNE, MARY 200 CEDAR KNOLLS RD, BLDG 2, 3RD FLR WHIPPANY, NJ 07981	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Mansfield, Erin 200 Park Avenue NEW YORK, NY 10166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 Cedar Knolls Road	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Grossman, Julie 200 Park Avenue NEW YORK, NY 10166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: Julie A. Grossman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
2/1/06 212-412-1312 <small>Date Daytime Phone #</small>					