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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 847836 1. Corporation Name Barclays Capital Inc.					
2. Principal Office Address - No P.O. Box # 200 Park Ave. Suite, Apt. #, etc. City & State New York, NY Zip 10166		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip USA		REINSTATEMENT CR2E081 (10/08)	
4. Date Incorporated or Qualified To Do Business in Florida 12/31/1980		5. FEI Number 06-1031656		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee imposed for a Certificate of Status				☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road Suite, Apt. #, Etc. City Plantation					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S. Signature of Registered Agent _____ Date _____ REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
	See Annex I				
10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if I were a natural person.					
SIGNATURE: Christoph A. Grassmann		CHRISTOPH A. GRASSMANN ASSISTANT SECRETARY (212) Date: 10/20/2008 Daytime Phone #: 412-1392			

Annex I

Barclays Capital Inc.Officers

①Gerard S. LaRocca	Chairman and Chief Executive, Americas
①Erin Mansfield	President
①James Walker	Chief Financial Officer
①Theresa Scott	Treasurer and Vice President
①TJ Gavenda	Controller and Vice President
①Alan B. Kaplan	Secretary
③Teresa Foxx	Assistant Secretary
①Bret Ganis	Assistant Secretary
①Cheryl A. Grassmann	Assistant Secretary
①Jessica Weiner	Assistant Secretary
②Ed Flynn	Vice President
①Susan Grbic	Vice President
②George Matthews	Vice President

Directors

①Gerard S. LaRocca
①Erin Mansfield
③Michael Montgomery
①James Walker

Address for Officers and Directors listed above:

- ① 200 Park Avenue; New York, NY 10166
- ② 200 Cedar Knolls Road, Whippany, NJ 07981
- ③ 1111 Brickell Avenue, Miami, FL 33131
- ④ 4837 Watt Avenue, North Highlands, CA 95660

3 of 3

Florida Department of State
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CORPORATION REINSTATEMENT

BARCLAYS CAPITAL INC.

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