


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 FEB -7 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F00000001053</b> 1. Entity Name <b>BARCLAYS SERVICES CORPORATION</b>					
Principal Place of Business <b>200 PARK AVE NEW YORK, NY 10166</b>			Mailing Address <b>200 CEDAR KNOLLS RD BLDG E 3RD FL WHIPPANY, NJ 07981</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>200 Park Avenue</b> Suite, Apt. #, etc. <b>Legal Department</b> City & State <b>New York, NY</b>			
City & State  Zip		Country <b>USA</b>		4. FEI Number <b>13-3714398</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>BRONAN, JOHN</b> <b>200 PARK AVE</b> <b>NEW YORK, NY 10166</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/D</b> <b>Broshan, John</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KAPLAN, ALAN B</b> <b>200 PARK AVE</b> <b>NEW YORK, NY 10166</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000066554350</b> <b>02/24/06--01013--012 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BYRNE, MARY</b> <b>200 CEDAR KNOLLS RD BLDG E 3RD FL</b> <b>WHIPPANY, NJ 07981</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200 Cedar Knolls Road</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONTGOMERY, MICHAEL</b> <b>200 PARK AVE</b> <b>NEW YORK, NY 10166</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <b>Grossman, Julie</b> <b>200 Park Avenue</b> <b>New York, NY 10166</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE:</b> <i>Julie A. Grossman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>2/1/06</b> <b>312-412-1312</b> Date Daytime Phone #		