

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

Mail to: Department of State  
Div. of Corporations, Corporate Filings  
PO Box 6327  
Tallahassee, FL 32314

**FILED**  
**Feb 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000003730**

1. Entity Name  
**BARCLAY HOSPITALITY SERVICES INC.**



Principal Place of Business  
**2626 GLENWOOD AVENUE  
RALEIGH, NC 27608**

Mailing Address  
**2626 GLENWOOD AVENUE  
RALEIGH, NC 27608**

**DO NOT WRITE IN THIS SPACE**



02132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**56-2242010**

Applied For  
Not Applicable

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

**8. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

1000000450849  
03/10/06-80023-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**CEOD  
WINSTON, ROBERT W  
2318 BEECHRIDGE RD.  
RALEIGH, NC 27608**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**CFOD  
GREEN, JOSEPH V  
1005 COUNTRY CLUB DR.  
GREENSBORO, NC 27408**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**EV  
CROCKETT, KENNETH R  
2416 E. LAKE DR.  
RALEIGH, NC 27609**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**CVS  
WEST, BRENT V  
612 WALCOTT WAY  
MORRISVILLE, NC 27560**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

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: Brent V. West, VP 2/17/06 919-510-6010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone