

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90016 001 ***150.00

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**

2. Principal Place of Business - No P.O. Box #
2901 Butterfield Road

3. Mailing Address
2901 Butterfield Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05122008

Chg-P

CR2E034 (12/06)

City & State

Oak Brook, Illinois

City & State

Oak Brook, Illinois

4. FEI Number

56-2242010

Applied For

Not Applicable

Zip

60523

Country

U.S.A.

Zip

60523

Country

U.S.A.

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Marcel Verbaas**
STREET ADDRESS **3901 N. Orange Avenue, Suite 1650**
CITY-ST-ZIP **Orlando, Florida 32801**

TITLE **Senior Vice President** ☒ Change ☐ Addition
NAME **Edwin Hendriksen**
STREET ADDRESS **390 N. Orange Avenue, Suite 1650**
CITY-ST-ZIP **Orlando, Florida 32801**

TITLE **Senior Vice President** ☒ Change ☐ Addition
NAME **Craig E. Lambert**
STREET ADDRESS **390 N. Orange Avenue, Suite 1650**
CITY-ST-ZIP **Orlando, Florida 32801**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Lori J. Foust**
STREET ADDRESS **2901 Butterfield Road**
CITY-ST-ZIP **Oak Brook, Illinois 60523**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Scott W. Wilton**
STREET ADDRESS **2901 Butterfield Road**
CITY-ST-ZIP **Oak Brook, Illinois 60523**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Scott W. Wilton/Secretary

5/16/08

(630) 218-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #