

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000006068

1. Entity Name
BARCLAYS GLOBAL INVESTORS USA INC.



Principal Place of Business
**45 FREMONT ST.
SAN FRANCISCO, CA 94105**

Mailing Address
**45 FREMONT ST.
SAN FRANCISCO, CA 94105**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0393218

Applied For
Not Applicable

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**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**100000184865
01/20/05-80045-020 158.75**

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	GROSSMAN, BLAKE R
STREET ADDRESS	45 FREMONT ST.
CITY - ST - ZIP	SAN FRANCISCO, CA 94105
TITLE	CFO
NAME	RYAN, FRANCIS S
STREET ADDRESS	45 FREMONT ST.
CITY - ST - ZIP	SAN FRANCISCO, CA 94105
TITLE	COOD
NAME	RICCI, RICHARD T
STREET ADDRESS	45 FREMONT ST.
CITY - ST - ZIP	SAN FRANCISCO, CA 94105
TITLE	S
NAME	MEDERO, JOANNE T
STREET ADDRESS	45 FREMONT ST.
CITY - ST - ZIP	SAN FRANCISCO, CA 94105
TITLE	AS
NAME	HABER, THEDA R
STREET ADDRESS	45 FREMONT ST.
CITY - ST - ZIP	SAN FRANCISCO, CA 94105
TITLE	AS
NAME	SLANE, TERRI L
STREET ADDRESS	45 FREMONT ST.
CITY - ST - ZIP	SAN FRANCISCO, CA 94105

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Terril Slane*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05 *(415) 597-2615*
Date Daytime Phone #