

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005884 (0)

1. Corporation Name

BZW BARCLAYS GLOBAL INVESTORS SERVICES INC.



Principal Place of Business

Mailing Address

45 FREMONT ST.
SAN FRANCISCO CA 94105

45 FREMONT ST.
SAN FRANCISCO CA 94105

3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

94-3231066

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed and printed in Block 12 or Block 13 if changed, or on an attachment with an address

(If "I", Registered Agent signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME LUSKIN, DONALD L
STREET ADDRESS 45 FREMONT ST.
CITY-ST-ZIP SAN FRANCISCO CA 94105 ☐ DELETE

TITLE D
NAME GRAUER, FREDERICK
STREET ADDRESS 45 FREMONT ST.
CITY-ST-ZIP SAN FRANCISCO CA 94105 ☐ DELETE

TITLE D
NAME COHEN, IRVING I
STREET ADDRESS 45 FREMONT ST.
CITY-ST-ZIP SAN FRANCISCO CA 94105 ☐ DELETE

TITLE D
NAME DUNN-JAHNKE, PATRICIA C
STREET ADDRESS 45 FREMONT ST.
CITY-ST-ZIP SAN FRANCISCO CA 94105 ☐ DELETE

TITLE S
NAME ULRICH, KATHLEEN M
STREET ADDRESS 45 FREMONT ST.
CITY-ST-ZIP SAN FRANCISCO CA 94105 ☐ DELETE

TITLE T
NAME ZULBERTI, ANDREA M
STREET ADDRESS 45 FREMONT ST.
CITY-ST-ZIP SAN FRANCISCO CA 94105 ☐ DELETE

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

S. J. Moders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. SECRETARY 7/15/96 415 597 2620
DATE

CR2E034 (3/96)