

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000056323 (6)**

1. Corporation Name

**BARCLOST INTERNATIONAL, LTD., INC.**



Principal Place of Business

Mailing Address

**1489 W. PALMETTO PARK RD.  
STE 440  
BOCA RATON FL 33486  
US**

**1489 W. PALMETTO PARK RD.  
STE 440  
BOCA RATON FL 33486  
US**

3. Date Incorporated or Qualified

**07/29/1994**

3a. Date of Last Report

**04/10/1995**

2. Principal Place of Business

2a. Mailing Address

**21 4 MAIN STREET**

**26 4 MAIN STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 SUITE 201**

**27 SUITE 201**

City & State

City & State

**23 LOS ALTOS, CA**

**28 LOS ALTOS, CA**

Zip

Country

Zip

Country

**24 94022**

**25 USA**

**29 94022**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAURER, JANI E ESQ.  
1489 W. PALMETTO PARK RD.  
SUITE 440  
BOCA RATON FL 33486**

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 or printed name of registered agent and their approval)

(If 11b Registered Agent signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **STILLMAN, ABBOTT**  
STREET ADDRESS **670 WHITE PLAINS RD.**  
CITY-ST-ZIP **SCARSDALE NY 10583**

TITLE **VD** ☐ DELETE  
NAME **BARCLAY, CHRISTOPHER J**  
STREET ADDRESS **7567 SIERRA DR. EAST**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **TD** ☐ DELETE  
NAME **CLOSS, WILLIAM R**  
STREET ADDRESS **4 MAIN ST., SUITE 201**  
CITY-ST-ZIP **LOS ALTOS CA 94022**

TITLE **SD** ☐ DELETE  
NAME **BARCLAY, DAI MIN**  
STREET ADDRESS **7567 SIERRA DR. EAST**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **c/o B.Closs&Assoc., Four Main St., #201**  
2.4 CITY-ST-ZIP **Los Altos, CA 94022**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **c/o B.Closs & Assoc., Four Main St., #201**  
4.4 CITY-ST-ZIP **Los Altos, CA 94022**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**4/10/96** (415) 941-9773

Daytime Phone #

CR2E034 (12/95)