

1.) CORPORATION NAME:

DUE DATE: **8/31/2013**

Barclays Capital Real Estate Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1681180**

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 745 SEVENTH AVE

CITY/ST/ZIP: NEW YORK, NY 10019

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: MICHAEL KEEGAN TITLE: PRESIDENT ADDRESS: 745 SEVENTH AVE CITY/ST/ZIP/CO: NEW YORK, NY 10019</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT SILVERMAN TITLE: PRESIDENT ADDRESS: 745 SEVENTH AVE CITY/ST/ZIP/CO: NEW YORK, NY 10019</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARY BYRNE TITLE: VICE PRESIDENT ADDRESS: 200 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10166</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DOUG FREEDMAN TITLE: VICE PRESIDENT ADDRESS: 745 SEVENTH AVE CITY/ST/ZIP/CO: NEW YORK, NY 10019</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ALYSSE MCLOUGHLIN TITLE: VICE PRESIDENT ADDRESS: 200 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10166</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BARRY O'BRIEN TITLE: VICE PRESIDENT ADDRESS: 200 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10166</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: THERESA RILEY TITLE: VICE PRESIDENT ADDRESS: 200 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10166	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DAVID SAWYER TITLE: VICE PRESIDENT ADDRESS: 745 SEVENTH AVE CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BONNIE TELLGMANN TITLE: VICE PRESIDENT ADDRESS: 200 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10166	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARK WUEST TITLE: VICE PRESIDENT ADDRESS: 745 SEVENTH AVE CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL MONTGOMERY TITLE: TREASURER ADDRESS: 1620 26TH ST CITY/ST/ZIP/CO: SUITE 2000N SANTA MONICA, CA 90404	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALAN B KAPLAN TITLE: SECRETARY ADDRESS: 745 SEVENTH AVE CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: IAN STERLING TITLE: ASST SECRETARY ADDRESS: 745 SEVENTH AVE CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PHILIP JACOBS TITLE: DIRECTOR ADDRESS: 1301 SIXTH AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ ALAN B KAPLAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALAN B KAPLAN, SECRETARY PRINTED NAME AND CORPORATE TITLE
8/22/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	