

1.) CORPORATION NAME:

DUE DATE: **10/31/2012**

**Barclays Capital Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1876640**

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CT**

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: GERALD S. LAROCCA TITLE: PRESIDENT ADDRESS: 745 SEVENTH AVE. CITY/ST/ZIP/CO: NEW YORK, NJ 10019</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ALASTAIR BLACKWELL TITLE: COO ADDRESS: 1301 SIXTH AVE CITY/ST/ZIP/CO: NEW YORK, NY 10019</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Gerald Donini TITLE: CEO 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: Lee Guy TITLE: CRO 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: Hugh McGee TITLE: CEO 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: Christopher Michael Weidler TITLE: CFO ADDRESS: 200 Park Ave CITY/ST/ZIP/CO: New York, NY 10166</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mary A Byrne VICE PRESIDENT 200 Park Ave New York, NY 10166	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard Gordon VICE PRESIDENT 200 Park Ave New York, NY 10166	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Philip Jacobs VICE PRESIDENT One Churchill Place, Canary Wharf London, , GB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Alysse McLoughlin VICE PRESIDENT 200 Park Ave New York, NY 10166	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Barry O'Brien VICE PRESIDENT 200 Park Ave New York, NY 10166	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Theresa Riley VICE PRESIDENT 200 Park Ave New York, NY 10166	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bonnie Tellgmann VICE PRESIDENT 200 Park Ave New York, NY 10166	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Trohan TREASURER 745 Seventh Ave New York, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Barbara Keller CCO 745 Seventh Ave New York, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jill Ostergaard CCO 745 Seventh Ave New York, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Lee Crowl CLO 745 Seventh Ave New York, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Donald Gershuny TITLE: CLO ADDRESS: 200 Park Ave CITY/ST/ZIP/CO: New York, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Lee Guy TITLE: CRO ADDRESS: 745 Seventh Ave CITY/ST/ZIP/CO: New York, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Thomas Kalaris TITLE: DIRECTOR ADDRESS: One Churchill Place, Canary Wharf CITY/ST/ZIP/CO: London, , GB	<input 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: Bryan Alter 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: Teresa Foxx TITLE: ASST SECRETARY ADDRESS: 1111 Brickell Ave CITY/ST/ZIP/CO: Miami, FL 33131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Bret Ganis TITLE: ASST SECRETARY ADDRESS: 745 Seventh Ave CITY/ST/ZIP/CO: New York, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input 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/ Bryan Alter SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Bryan Alter, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	10/31/2012 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.		