

05-05-2003 91831 013 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98000001573

1. Entity Name
BARCLAY/AEGIS INC.



Principal Place of Business
~~C/O THE RELATED COS. LP//ATN, L. BENJAMIN~~
~~625 MADISON AVENUE~~
~~NEW YORK, NY 10022~~

Mailing Address
~~C/O THE RELATED COS. LP//ATN, L. BENJAMIN~~
~~625 MADISON AVENUE~~
~~NEW YORK, NY 10022~~

2. Principal Place of Business
11690 GROOMS RD

3. Mailing Address
11690 GROOMS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CINCINNATI OH

City & State
CINCINNATI OH

4. FEI Number
13-3993450

Applied For
 Not Applicable

Zip Country
45242 USA

Zip Country
45242 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	BOESKY, STUART J	625 MADISON AVENUE	NEW YORK, NY	<input checked="" type="checkbox"/>
V	HIRMES, ALAN P	625 MADISON AVENUE	NEW YORK, NY	<input checked="" type="checkbox"/>
D	ROSS, STEPHEN M	625 MADISON AVENUE	NEW YORK, NY	<input checked="" type="checkbox"/>
V	SCHLACTER, MARK	625 MADISON AVENUE	NEW YORK, NY	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
CHAIRMAN, DIRECTOR, TREAS.	MICHAEL C. PHILLIPS	11690 GROOMS RD	CINCINNATI OH 45242	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PRES	JEFFREY S. EDISON	11690 GROOMS RD	CINCINNATI OH 45242	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY AND VP	R. MARK ADDY	11690 GROOMS RD.	CINCINNATI OH 45242	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *R. Mark Addy* **R. MARK ADDY, SEC'Y** **4/29/03** **513 554 1110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EC034 (10/02)