


2004 FOR PROFIT CORPORATION
REINSTATEMENT

FILED

04 DEC 29 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001573					
1. Entity Name BARCLAY/AEGIS INC.					
Principal Place of Business 11690 GROOMS RD CINCINNATI, OH 45242			Mailing Address 11690 GROOMS RD CINCINNATI, OH 45242		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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		Susan J. Metzger <i>Susan J. Metzger</i>		Susan J. Metzger Assistant Secretary	
		(NOTE: Registered Agent signature required when reinstating)		DATE 12-20-04	
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADDY, R. MARK		NAME	600042925246	
STREET ADDRESS	11690 GROOMS RD		STREET ADDRESS	11/22/04 01036 008 **750.00	
CITY- ST- ZIP	CINCINNATI, OH 45242		CITY- ST- ZIP		
TITLE	CDT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, MICHAEL C		NAME	600042925246	
STREET ADDRESS	11690 GROOMS RD		STREET ADDRESS	11/22/04--01036--008 **750.00	
CITY- ST- ZIP	CINCINNATI, OH 45242		CITY- ST- ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDISON, JEFFREY S		NAME		
STREET ADDRESS	11690 GROOMS RD		STREET ADDRESS		
CITY- ST- ZIP	CINCINNATI, OH 45242		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		<i>M. J. Metzger</i>		Date 11-15-04	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



10282004 -REIN-P - CR2E098 (6/04)

4. FEI Number 13-3993450 Applied For Not Applicable

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

REINSTATEMENT

04
MRS