

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000005901

**Entity Name:** THE JOCKEY CLUB RACING SERVICES, INC.

**Current Principal Place of Business:**

40 EAST 52ND STREET  
NEW YORK, NY 10022

**Current Mailing Address:**

40 EAST 52ND STREET  
NEW YORK, NY 10022 US

**FEI Number: 13-3561964**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            GAGLIANO, JAMES L  
Address        40 EAST 52ND STREET  
City-State-Zip: NEW YORK NY 10022

Title            TREASURER  
Name            BARRILLARO, LAURA  
Address        40 EAST 52ND STREET  
City-State-Zip: NEW YORK NY 10022

Title            SECRETARY  
Name            SUMMERS, MARC T  
Address        40 EAST 52ND STREET  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            HIGHET, IAN D.  
Address        40 EAST 52ND STREET  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            VIOLS, VINCENT  
Address        40 EAST 52ND STREET  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            JANNEY, STUART S. III  
Address        40 EAST 52ND STREET  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            FARISH JR, WILLIAM S.  
Address        40 EAST 52ND STREET  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            PHILLIPS, JOHN W  
Address        40 EAST 52ND STREET  
City-State-Zip: NEW YORK NY 10022

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARC T SUMMERS**

**SECRETARY**

**05/07/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BRAMLAGE, DR. LARRY R  
Address 40 EAST 52ND STREET  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name DOBSON, EVERETT R  
Address 40 EAST 52ND STREET  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name DUNCKER, STEVEN  
Address 40 EAST 52ND STREET  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name LEAR JR, WILLIAM M  
Address 40 EAST 52ND STREET  
City-State-Zip: NEW YORK NY 10022