FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

828892 DOCUMENT #
1. Corporation Name

(0)

BARTON-ASCHMAN ASSOCIATES, INC.



Principal Place of Business Mailing Address									
820 DAVIS ST. 820 DAVIS ST. EVANSTON IL 60201 EVANSTON IL 60201									
E (MOTOR)		CTANOIDIT IC OOLUI			3. Date Incorporated or Qualified	3a. Date	of Loct D	enort	
					10/25/1972		5/30/19		
2. Principal Pla	2a. Mailing Address	ling Address		4. FEI Number 36-2388053			Applied For Not Applicable		
Suite, Apt. #	, etc.	Suite, Apl. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	sing \$5.00 May Be Added to Fees			
Zip Country		Zip	Zip Country .		This corporation has liability for intangible tax under s 199.032,				
24	25	29	30			□No			
	9. Name and Address of Curren	r Hegistered Agent	81	Name	10. Name and Address of New F	legistered /	Agent		
CT COR	RPORATION SYSTEM								
1200 S. PINE ISLAND ROAD			82	Street Ac	ldress (P.O. Box Number is Not Acceptat	(P.O. Box Number is Not Acceptable)			
PLANTA	TION FL 33324		83						
			84	City	AND As on the sealer Adoles ; who yellow added yelescovers of the Name date to	FL	85 Z	p Code	
11. Pursuant tr	the provisions of Sections 607 0502	and 607 1508. Florida Statut	es the above	named corr	poration submits this statement for the purporation of directors. I hereby accept the app		nging its i	registered offic	
SIGNATURE _	Signature, typical or printed name of registered agent OFFICERS AND	and the nagovicables (NC			ifeo when reinstainig _ADDITIONS/CHANGES TO OFF	DATE			
TITLE	SP	DELETE	1. 1 TITLE		SVP		Change	Addition	
NAME	BOCHNER, BRIAN S.		1.2 NAME				`	,p=	
STREET ADDRESS	820 DAVIS STREET		1.3 STREE	1 ADDRESS					
CITY-ST-ZIP	EVANSTON IL		1 4 CITY-						
TITLE	SVP Joyner, Harvey R.	[]] DELETE	2 1 TITLE	ļ		[] Change	Addition	
NAME STREET ADDRESS	1133 15TH STREET, N.W.		2.2 NAME						
CITY-ST-ZIP	WASHINGTON DL		23 STREE	T ADDRESS					
TITLE	VP	DELETE	3 1 TITLE		VP] Change	Addition	
NAME	GERN, RICHARD C	//	3.2 NAME		Garold B. Adams			Α	
STREET ADDRESS	162 LAUREL AVE		3.3. STRE		Two Venture				
CITY-S1-7IP	HIGHLAND PARK IL		3.4 CHY-	ST-ZIP •	Irvine, CA			_ <u>_</u>	
TITLE	בטע הוובכטטט ה ג	☐ DELETE	4 1 11716] Change	Addition	
NAME CORREST ACCURAGE	EBY, CLIFFORD C 1133 15TH STREET NW		4.2 NAME						
STREET AOORESS CITY-ST-ZIP	WASHINGTON DC		4.3 STREE	T ADDRESS					
TITLE	SVPT	DELETE	5 1 TITLE		······································		Change	Addition	
NAME	BOWER, CURTIS A		5.2 NAME			_	-		
STREET ADDRESS	100 WEST WALNUT STREET	Ī	5 3 STREE	1 ADDRESS					
CITY-ST-ZIP	PASADENA CA		5 4 C(1)Y -						
TITLE	VP	DELETE	6. 1 TIFLE		Carr D. Took		Change	⊠ Addition	
NAME	WENTZEL, JERRY T	E OTE OOK	6.2 NAME		Gary D. Jost 5485 Belt Line Roa	.A C+	o 10	٥	
STREET ADDRESS	3550 W BUSCHWOOD DRIV	C ₁ OTE 280	6.3 STREE	I ADDRESS	Dallae MA	iu, st	G 13)	

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if chapter or or any statistical true.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR