

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **828892** (0)

1. Corporation Name
BARTON-ASCHMAN ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**1133 15th Street, NW
Washington, DC 20005**

**1133 15th Street, NW
Washington, DC 20005**

2. Principal Place of Business

2a. Mailing Address **1133 15th St, NW**

21. **BARTON-ASCHMAN ASSOCIATES, INC.**

22. **825 W. MONROE ST.
10th FLOOR**

23. **CHICAGO, IL 60606**

24. **USA**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SVP	<input type="checkbox"/> DELETE
NAME	BOCHNER, BRIAN S.	
STREET ADDRESS	820 DAVIS STREET	
CITY - ST - ZIP	EVANSTON IL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	JOYNER, HARVEY R.	
STREET ADDRESS	1133 15TH STREET, N.W.	
CITY - ST - ZIP	WASHINGTON DL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GAROLD B. ADAMS	
STREET ADDRESS	2 VENTURE	
CITY - ST - ZIP	IRVINE CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	EBY, CLIFFORD C	
STREET ADDRESS	1133 15TH STREET NW	
CITY - ST - ZIP	WASHINGTON DC	
TITLE	SVPT	<input type="checkbox"/> DELETE
NAME	BOWER, CURTIS A	
STREET ADDRESS	100 WEST WALNUT STREET	
CITY - ST - ZIP	PASADENA CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GARY D. JOST	
STREET ADDRESS	5485 BELT LINE RD STE 199	
CITY - ST - ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	300 W. Washington Street
1.4 CITY - ST - ZIP	Chicago, IL 60606
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/23/97** (202) 775-3312



CR2E034 (9/96)