

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 828892

1. Entity Name

BARTON-ASCHMAN ASSOCIATES, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90008 021 ***158.75

Principal Place of Business

Mailing Address

1133 15TH STREET NW
WASHINGTON DC 20005
US

1133 15TH STREET NW
WASHINGTON DC 20005-2710
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2388053

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SVP
NAME BOCHNER, BRIAN S.
STREET ADDRESS 300 W WASHINGTON STREET
CITY-ST-ZIP CHICAGO IL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SVP
NAME JOYNER, HARVEY R.
STREET ADDRESS 1133 15TH STREET, N.W.
CITY-ST-ZIP WASHINGTON DL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME GAROLD B. ADAMS
STREET ADDRESS 2 VENTURE
CITY-ST-ZIP IRVINE CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME EBY, CLIFFORD C
STREET ADDRESS 1133 15TH STREET NW
CITY-ST-ZIP WASHINGTON DC ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SVPT
NAME BOWER, CURTIS A
STREET ADDRESS 100 WEST WALNUT STREET
CITY-ST-ZIP PASADENA CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME GARY D. JOST
STREET ADDRESS 5485 BELT LINE RD STE 199
CITY-ST-ZIP DALLAS TX ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)