

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H54136

Entity Name: BART, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

2711 CENTERVILLE ROAD, STE. 400
WILMINGTON, DE 19808

New Principal Place of Business:

Current Mailing Address:

2711 CENTERVILLE ROAD, STE. 400
WILMINGTON, DE 19808

New Mailing Address:

FEI Number: 59-2592191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MCGEE, ROBERT J
Address: 401 S. TRYON STREET
City-St-Zip: CHARLOTTE, NC 28202

Title: S/D () Delete
Name: DUBIE, CAROL A
Address: 123 S. BROAD STREET
City-St-Zip: PHILADELPHIA, PA 19109

Title: TRES (X) Delete
Name: BURR, JAMES F
Address: 301 S. COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 282880630

Title: VP () Delete
Name: MITCHELL, APRILLE M
Address: 301 S. COLLEGE ST
City-St-Zip: CHARLOTTE, NC 282880630

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: APRILLE M. MITCHELL

VP

04/23/2009

Electronic Signature of Signing Officer or Director

Date