

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M48134** (4)
1. Corporation Name
BARTON INVESTMENT COMPANY

Principal Place of Business

% BESSEMER TRUST CO., N.A.
630 FIFTH AVE
NEW YORK NY 10111

Mailing Address

% BESSEMER TRUST CO., N.A.
630 FIFTH AVE
NEW YORK NY 10111



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
03/11/1987

3a. Date of Last Report
01/23/1995

4. FEI Number
59-2796879
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature typed or printed name of registered agent and filed application

(NOTE: Registered Agent's signature required for new registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD KIESEWETTER, JAYNE BARTON**
STREET ADDRESS **MEADOWBROOK #C-104 13254 POLO CLUB RD**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE ☐ DELETE
NAME **VD GERSTEIN, HERBERT**
STREET ADDRESS **111 E. SHORE RD.**
CITY-ST-ZIP **MANHASSET NY**

TITLE ☐ DELETE
NAME **STD POWER, AUSTIN J., JR.**
STREET ADDRESS **630 5TH AVE. 38TH FLOOR**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE
NAME **VD CAMPANILE, ANGELO, D**
STREET ADDRESS **630 5TH AVE 38TH FLOOR**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE
NAME **S LOVERDE, FRANK**
STREET ADDRESS **630 5TH AVE 38TH FLOOR**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE
NAME **D BARTON, SHARI**
STREET ADDRESS **2920 UPTON ST, NW**
CITY-ST-ZIP **WASHINGTON DC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 changed or on an attachment with an address.

SIGNATURE:

Austin J. Power
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Austin J. Power, Jr.

4-2-96

212 708 9173

CR2E034 (12/95)