## 2002 Uniform Business Report (UBR)

**SIGNATURE:** 

## Mar 15, 2002 8:00 am Secretary of State DOCUMENT # M48134 1. Entity Name 03-15-2002 90004 016 \*\*\*150.00 BARTON INVESTMENT COMPANY Principal Place of Business Mailing Address % BESSEMER TRUST COMPANY **%BESSEMER TRUST CO** 100 WOODBRIDGE CENTER DRIVE 100 WOODBRIDGE CENTER DRIVE WOODBRIDGE NJ 07095 WOODBRIDGE NJ 07095 2. Principal Place of Business 3. Mailing Address % Bessemer Trust 6. Campanile Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2796879 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET TALLAHASSEE FL 32301 City 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) 9. This corporation is eligible to satisfy its Intangible ... FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 POSSIMERG CONTR CR2E034:(9/01) THE STATE OF ☐ Delete TITLE Change ☐ Addition KIESEWETTER JAYNE BARTON NAME NAME STREET ADDRESS MEADOWBROOK #C-104 13254 POLO CLUB RD STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME GERSTEIN, HERBERT STREET ADDRESS STREET ADDRESS 111 E. SHORE RD. CITY-ST-ZIP CITY-ST-ZIP MANHASSET NY Delete TITLE STD Change ☐ Addition NAME NAME POWER, AUSTIN J., JR. STREET ADDRESS STREET ADDRESS 630 5TH AVE. 38TH FLOOR CITY-ST-ZIP NEW YORK NY CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change VŊ ☐ Addition Campanile, Angelo O. - C/o Bessemer Trust Co. NAME CAMPANILE, ANGELO, D NAME 100 woodbridge Center Drive STREET ADDRESS 630 5TH AVE 38TH FLOOR STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** Woodbridge NJ 07095 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BARTON, SHARI STREET ADDRESS 2920 UPTON ST. NW STREET ADDRESS CITY-ST-7IP WASHINGTON DC CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the 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 employered 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.

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR