


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90084 024 ***150.00

DOCUMENT # M48134 1. Entity Name BARTON INVESTMENT COMPANY					
Principal Place of Business % BESSEMER TRUST COMPANY 100 WOODBRIDGE CENTER DRIVE WOODBIDGE, NJ 07095			Mailing Address BESSEMER TRUST CO ATTN ANGELO CAMPANILE 100 WOODBRIDGE CTR DR WOODBIDGE, NJ 07095		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2796879	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIESEWETTER, JAYNE BARTON <input type="checkbox"/> Delete MEADOWBROOK #C-104 13254 POLO CLUB RD W PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERSTEIN, HERBERT <input type="checkbox"/> Delete 111 E. SHORE RD. MANHASSET, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POWER, AUSTIN J., JR. <input checked="" type="checkbox"/> Delete 630 5TH AVE. 38TH FLOOR NEW YORK, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer, Director David Arcella <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bessemer Trust Company 630 Fifth Ave, NY NY 10111	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPANILE, ANGELO, D <input type="checkbox"/> Delete %BESSEMER TRUST CO 100 WOODBRIDGE CTR DR WOODBIDGE, NJ 07095		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARTON, SHARI <input type="checkbox"/> Delete 2920 UPTON ST, NW WASHINGTON, DC		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with authority like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 1-9-04 Daytime Phone #: 732-694-5470		

Angelo D. Campanile, Vice President