


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # M48134 1. Entity Name BARTON INVESTMENT COMPANY	
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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
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2796879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

11070000185243
01/21/05 00000-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIESEWETTER, JAYNE BARTON MEADOWBROOK #C-104 13254 POLO CLUB RD W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERSTEIN, HERBERT 111 E. SHORE RD. MANHASSET, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ARCELLA, DAVID BESSEMER TRUST COMPANY 630 FIFTH AVE, NEW YORK, NY 10111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPANILE, ANGELO, D %BESSEMER TRUST CO 100 WOODBRIDGE CTR DR WOODBIDGE, NJ 07095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARTON, SHARI 2920 UPTON ST, NW WASHINGTON, DC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/05 732-694-5469