

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830990

FILED
Jan 04, 2011
Secretary of State

Entity Name: THE F.A. BARTLETT TREE EXPERT COMPANY

Current Principal Place of Business:

1290 EAST MAIN STREET
STAMFORD, CT 06902

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3067
STAMFORD, CT 06905

New Mailing Address:

FEI Number: 06-0254490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PD
Name: DANIELS, GREGORY S
Address: 1290 EAST MAIN STREET
City-St-Zip: STAMFORD, CT 06902

Title: CD
Name: BARTLETT, ROBERT A JR.
Address: 1290 EAST MAIN STREET
City-St-Zip: STAMFORD, CT 06902

Title: SD
Name: TOBIN, FREDERICK M
Address: 1290 E MAIN STREET
City-St-Zip: STAMFORD, CT 06902

Title: VTD
Name: SIGNORINI, JOHN E
Address: 1290 EAST MAIN STREET
City-St-Zip: STAMFORD, CT 06902

Title: D
Name: KABURECK, GEORGE R
Address: 311 EIGHTH AVE
City-St-Zip: E. PALMETTO, FL 34221

Title: VC
Name: CIRILLO, NICHOLAS J
Address: 1290 E MAIN STREET
City-St-Zip: STAMFORD, CT 06902

I hereby 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 all other like empowered.

SIGNATURE: NICHOLAS J CIRILLO

VC

01/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date