

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 830990 (8)
 1. Corporation Name
THE F.A. BARTLETT TREE EXPERT COMPANY



Principal Place of Business 1200 EAST MAIN STREET STAMFORD CT 06902	Mailing Address P.O. BOX 3067 STAMFORD CT 06905
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
10/04/1974

4. FEI Number 06-0254490	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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 ~~owes~~ or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BARTLETT, R A	
STREET ADDRESS	1200 EAST MAIN STREET	
CITY - ST - ZIP	STAMFORD CT 06902	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARTLETT, ROBERT A JR.	
STREET ADDRESS	1200 EAST MAIN STREET	
CITY - ST - ZIP	STAMFORD CT 06902	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEISINGER, DONALD E JR.	
STREET ADDRESS	1200 EAST MAIN STREET	
CITY - ST - ZIP	STAMFORD CT 06902	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SIGNORINI, JOHN E	
STREET ADDRESS	1200 EAST MAIN STREET	
CITY - ST - ZIP	STAMFORD CT 06902	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KABURECK, GEORGE R	
STREET ADDRESS	121 HIGHLAND AVE.	
CITY - ST - ZIP	ROWAYTON CT 06853	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHOLL, WILLIAM E	
STREET ADDRESS	C/O RIMER, #5 FORTH RIVER	
CITY - ST - ZIP	WILLIAMSBURG VA 23188	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V. P. / CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NICHOLAS J. CIRILLO	
1.3 STREET ADDRESS	1290 E. MAIN STREET	
1.4 CITY - ST - ZIP	STAMFORD, CT. 06902	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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: *William E Sholl* 3/10/98 (203)323-1131

CR2E034 (10/97)