

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830990

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

Current Principal Place of Business:

1290 EAST MAIN STREET
STAMFORD, CT 06902

Current Mailing Address:

P.O. BOX 3067
STAMFORD, CT 06905

FEI Number: 06-0254490

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title PD
Name INGRAM, JAMES B
Address 1290 EAST MAIN STREET
City-State-Zip: STAMFORD CT 06902

Title CD
Name BARTLETT, ROBERT AJR.
Address 1290 EAST MAIN STREET
City-State-Zip: STAMFORD CT 06902

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

Title SECRETARY
Name KIJEK, CAROL A
Address 1290 EAST MAIN STREET
City-State-Zip: STAMFORD CT 06902

Title VP
Name FARIN, MATTHEW J
Address 1290 EAST MAIN STREET
City-State-Zip: STAMFORD CT 06902

Title CONTROLLER
Name PALOMBA, GARY
Address 1290 EAST MAIN STREET
City-State-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: GARY PALOMBA

CONTROLLER

02/08/2019

Electronic Signature of Signing Officer/Director Detail

Date