

**2024 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 A JR.  
Address 1290 EAST MAIN STREET  
City-State-Zip: STAMFORD CT 06902

Title TREASURER  
Name DONNELLY, CAROL J  
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**

**01/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date