

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004421

**Entity Name:** BARTONPARTNERS ARCHITECTS PLANNERS, INC.

**Current Principal Place of Business:**

700 E. MAIN STREET  
3RD FLOOR  
NORRISTOWN, PA 19401

**Current Mailing Address:**

700 E. MAIN STREET  
3RD FLOOR  
NORRISTOWN, PA 19401

**FEI Number:** 23-2624374

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INTERNATIONAL CORPORATE SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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 P  
Name BARTON, THOMAS CIII  
Address 700 E. MAIN STREET, 3RD FLOOR  
City-State-Zip: NORRISTOWN PA 19401

Title V, S  
Name COGAN, ROBERT W  
Address 700 E. MAIN STREET, 3RD FLOOR  
City-State-Zip: NORRISTOWN PA 19401

Title PRINCIPAL/SHAREHOLDER  
Name ADELSBERGER, BRUCE E.  
Address 700 E. MAIN STREET  
3RD FLOOR  
City-State-Zip: NORRISTOWN PA 19401

Title PRINCIPAL/SHAREHOLDER  
Name KOENIG, MATTHEW J.  
Address 700 E. MAIN STREET  
3RD FLOOR  
City-State-Zip: NORRISTOWN PA 19401

Title PRINCIPAL/SHAREHOLDER  
Name SHAPIRO, SETH A.  
Address 700 E. MAIN STREET  
3RD FLOOR  
City-State-Zip: NORRISTOWN PA 19401

Title PRINCIPAL/SHAREHOLDER  
Name WARWICK, WILLIAM R.  
Address 700 E. MAIN STREET  
3RD FLOOR  
City-State-Zip: NORRISTOWN PA 19401

*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:** THOMAS C BARTON III

**PRESIDENT**

**01/16/2015**

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

\_\_\_\_\_  
Date