


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M48134 1. Entity Name BARTON INVESTMENT COMPANY |  |
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| Principal Place of Business % BESSEMER TRUST COMPANY 100 WOODBRIDGE CENTER DRIVE WOODBIDGE, NJ 07095 | Mailing Address BESSEMER TRUST CO ATTN ANGELO CAMPANILE 100 WOODBRIDGE CTR DR WOODBIDGE, NJ 07095 |
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01052005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2796879 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the filer if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1107000185243
01/21/05 00003-001 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KIESEWETTER, JAYNE BARTON MEADOWBROOK #C-104 13254 POLO CLUB RD W PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GERSTEIN, HERBERT 111 E. SHORE RD. MANHASSET, NY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ARCELLA, DAVID BESSEMER TRUST COMPANY 630 FIFTH AVE, NEW YORK, NY 10111 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CAMPANILE, ANGELO, D %BESSEMER TRUST CO 100 WOODBRIDGE CTR DR WOODBIDGE, NJ 07095 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BARTON, SHARI 2920 UPTON ST, NW WASHINGTON, DC |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Angelo Campanile* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1/19/05 Daytime Phone #: 953-732-694-5469