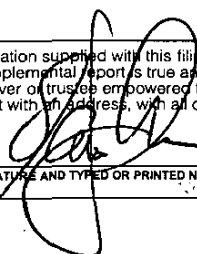


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90018 041 ***150.00

DOCUMENT # M48134					
1. Entity Name BARTON INVESTMENT COMPANY					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIESEWETTER, JAYNE BARTON		NAME		
STREET ADDRESS	MEADOWBROOK #C-104 13254 POLO CLUB RD		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERSTEIN, HERBERT		NAME		
STREET ADDRESS	111 E. SHORE RD.		STREET ADDRESS		
CITY-ST-ZIP	MANHASSET, NY		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARCELLA, DAVID		NAME		
STREET ADDRESS	BESSEMER TRUST COMPANY 630 FIFTH AVE,		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10111		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPANILE, ANGELO, D		NAME		
STREET ADDRESS	% BESSEMER TRUST CO 100 WOODBRIDGE CTR DR		STREET ADDRESS		
CITY-ST-ZIP	WOODBIDGE, NJ 07095		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARTON, SHARI		NAME		
STREET ADDRESS	2920 UPTON ST, NW		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: 		DAVID J. ARCELLA		01/30/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	