

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M48134** (4)  
1. Corporation Name  
**BARTON INVESTMENT COMPANY**



Principal Place of Business Mailing Address  
**% BESSEMER TRUST CO., N.A.**  
**630 FIFTH AVE**  
**NEW YORK NY 10111**

3. Date Incorporated or Qualified **03/11/1987** 3a. Date of Last Report **01/23/1995**  
4. FEI Number **59-2796879** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYES STREET**  
**TALLAHASSEE FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and filed application

(NOTE: Registered Agent's signature required when filing report)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIESEWETTER, JAYNE BARTON	
STREET ADDRESS	MEADOWBROOK #C-104 13254 POLO CLUB RD	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GERSTEIN, HERBERT	
STREET ADDRESS	111 E. SHORE RD.	
CITY-ST-ZIP	MANHASSET NY	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	POWER, AUSTIN J., JR.	
STREET ADDRESS	630 5TH AVE. 38TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAMPANILE, ANGELO, D	
STREET ADDRESS	630 5TH AVE 38TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOVERDE, FRANK	
STREET ADDRESS	630 5TH AVE 38TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTON, SHARI	
STREET ADDRESS	2920 UPTON ST, NW	
CITY-ST-ZIP	WASHINGTON DC	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Austin J. Power, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Austin J. Power, Jr.

4-2-96

212 708 9173

CR2E034 (12/95)