

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90033 035 ***150.00

DOCUMENT # M48134

1. Entity Name
BARTON INVESTMENT COMPANY

Principal Place of Business % BESSEMER TRUST CO.. N.A. 630 FIFTH AVE NEW YORK NY 10111	Mailing Address % BESSEMER TRUST CO.. N.A. 630 FIFTH AVE NEW YORK NY 10111
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011307



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>c/o Bessemer Trust Company</i> Suite, Apt. #, etc. 100 Woodbridge Center Drive City & State Woodbridge New Jersey	3. Mailing Address <i>c/o Bessemer Trust Company</i> <i>Attn: Angelo D. Campanile</i> Suite, Apt. #, etc. 100 Woodbridge Center Drive City & State Woodbridge New Jersey
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4. FEI Number 59-2796879	Applied For <input type="checkbox"/> Not Applicable
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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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERSTEIN, HERBERT 111 E. SHORE RD. MANHASSET NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POWER, AUSTIN J., JR. 630 5TH AVE. 38TH FLOOR NEW YORK NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPANILE, ANGELO, D 630 5TH AVE 38TH FLOOR NEW YORK NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOVERDE, FRANK 630 5TH AVE 38TH FLOOR NEW YORK NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, SHARI 2920 UPTON ST, NW WASHINGTON DC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angelo D. Campanile **Angelo D. Campanile, VP** 2-1-01 732-694-5469
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)