Filing Fee: \$75.00

ID Number: 00027323 9





## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

## **BUSINESS CORPORATION**

## APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1411 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The name of the corporation is BARTON & ASSOCIATES, INC.					
2.	It is incorporated under the laws of					
3.	A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on, authorizing it to transact business in Rhode Island under the name of BARTON & ASSOCIATES, INC.					
4.	4. The corporate name of the corporation has been changed to NO CHANGE					
	(If no change, so indicate.)					
<b>5</b> .	The name, if different, which it elects to use in Rhode Island is:					
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:					
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:					
6.	The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:					
	(If no other or additional purposes are proposed, insert "No Change.")					
	NO CHANGE					
	FILED					
	12:37					
	FEB 27 2014 pm					
	n No. 151 sed: 12/05					

	Total Number of Authorized Shares	Class	Series	Par Value or Statement that Shares are without Par Value		
	250,000	Common	Α	.01		
	24,750,000	Common	В	.01		
8.	(a) An estimate of the value of is \$ 1,000,000	of all property to be ov	wned by the corporation	for the following year, wherever located,		
	(b) An estimate of the value of is \$_0	of the corporation's pr	operty to be located with	hin Rhode Island during the following year		
	(c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 0 %. [divide (b) by (a) and multiply by 100 to obtain the percentage]					
9.	(a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 75,000,000.					
	(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 562,500					
	(c) An estimate, expressed a the corporation at or from thereof which will be trans and multiply by 100 to obt	places of business in sacted by the corpora	this state during the foll	oss amount of business to be transacted by lowing year bears to the gross amount year is%. [divide (b) by (a)		
10.				ority continues in full force and effect and is ion for Amended Certificate of Authority.		
11.	This Application for Amended which shall be no later than t	d Certificate of Author he 90 <sup>th</sup> day after the o	ity shall be effective upo	on filing unless a specified date is provided		
Dat	te: 2/27/14		examined this Application	erjury, I declare and affirm that I have ation for Amended Certificate of Authority, empanying attachments, and that all herein are true and correct.		
			Signature of	Authorized Officer of the Corporation		
			Robert D. Indresano,	, President		
			Type or P	rint Name of Authorized Officer		

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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

