

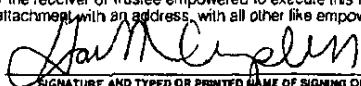
03-23-2004 90003 005 ***150.00

FILED 018091

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

04 MAR 30 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
018091

DOCUMENT # 018091		
1. Entity Name BESSEMER TRUST COMPANY OF FLORIDA		
Principal Place of Business 222 ROYAL PALM WAY PALM BEACH, FL 33480	Mailing Address 222 ROYAL PALM WAY PALM BEACH, FL 33480	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ENGELHARDT, JO ANN C/O BESSEMER TRUST COMPANY OF FL 222 ROYAL PALM WAY PALM BEACH, FL 33480		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO HILTON, JOHN 630 5TH AVE. NEW YORK, NY 10111	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MDCF MACDONALD, JOHN G. 630 5TH AVE NEW YORK, NY 10111	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ENGELHARDT, JO ANN 222 ROYAL PALM WAY PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO HILTON, JOHN 630 5TH AVENUE NEW YORK, NY 10111	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SR. MGR. THADDEUS H. SHELLY, III 222 ROYAL PALM WAY PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRINCIPAL GAIL CAMPBELL 100 WOODBRIDGE CTR DRIVE WOODBIDGE, NJ 07095	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		Date 3-4/04 Daytime Phone 732-694-5404



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-6067333Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****DO NOT WRITE
IN THIS SPACE**