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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 018091

1. Entity Name
BESSEMER TRUST COMPANY OF FLORIDA

Principal Place of Business	Mailing Address
222 ROYAL PALM WAY PALM BEACH, FL 33480	222 ROYAL PALM WAY PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

03022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-6067333

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 _____ DATE
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	CEO
NAME	HILTON, JOHN
STREET ADDRESS	630 5TH AVE.
CITY-ST-ZIP	NEW YORK, NY 10111
TITLE	MDCF
NAME	MACDONALD, JOHN G.
STREET ADDRESS	630 5TH AVE
CITY-ST-ZIP	NEW YORK, NY 10111
TITLE	MGR
NAME	ENGELHARDT, JO ANN
STREET ADDRESS	222 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH, FL 33408
TITLE	~~CEO~~
NAME	~~HILTON, JOHN~~
STREET ADDRESS	~~630 5TH AVENUE~~
CITY-ST-ZIP	~~NEW YORK, NY 10111~~
TITLE	SR. MGR.
NAME	THADDEUS H. SHELLY, III
STREET ADDRESS	222 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH, FL 33408
TITLE	PRINCIPAL
NAME	GAIL CAMPBELL
STREET ADDRESS	100 WOODBRIDGE CTR DRIVE
CITY-ST-ZIP	WOODBRIDGE, NJ 07095

DO NOT WRITE IN THIS SPACE

3/30

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: _____ 3/30/04 732-694-5404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #