2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

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

04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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. 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, 2005 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	SM
NAME	SHELLY, THADDEUS H III
STREET ADDRESS	222 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH, FL 33408
TITLE	P
NAME	CAMPBELL, GAIL
STREET ADDRESS	100 WOODBRIDGE CTR DRIVE
CITY-ST-ZIP	WOODBRIDGE, NJ 07095
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/05-80094-012 150.00

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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: _____ 4-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #