2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# 018091

Entity Name: BESSEMER TRUST COMPANY OF FLORIDA

Current Principal Place of Business:

222 ROYAL PALM WAY
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

222 ROYAL PALM WAY
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-6067333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: HILTON, JOHN
Address: 630 5TH AVE.
City-St-Zip: NEW YORK, NY 10111

Title: MDCF ( ) Delete
Name: MACDONALD, JOHN G
Address: 630 5TH AVE
City-St-Zip: NEW YORK, NY 10111

Title: MGR ( ) Delete
Name: ENGELHARDT, JO ANN
Address: 222 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33408

Title: SM ( ) Delete
Name: SHELLY, THADDEUS H III
Address: 222 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33408

Title: P ( ) Delete
Name: CAMPBELL, GAIL
Address: 100 WOODBRIDGE CTR DRIVE
City-St-Zip: WOODBRIDGE, NJ 07095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change ( ) Addition
Name: CAMPBELL, GAIL
Address: 100 WOODBRIDGE CTR DRIVE
City-St-Zip: WOODBRIDGE, NJ 07095

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL CAMPBELL MD 04/21/2008

Electronic Signature of Signing Officer or Director — Date