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Daytime Phone #

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 18, 2003 8:00 am Secretary of State 018091 **DOCUMENT #** 04-18-2003 90115 019 \*\*\*150.00 1. Entity Name BESSEMER TRUST COMPANY OF FLORIDA Principal Place of Business Mailing Address 222 ROYAL PALM WAY 222 ROYAL PALM WAY PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-6067333 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JO ANN ENGELHARDT MATTHEWS, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) C/O BESSEMER TRUST COMPANY OF FL 222 ROYAL PALM WAY PALM BEACH FL 33480 222AROYAL PALM WAY Zip Code 33480 City PALM BEACH 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE X Delete TITLE X Change CEO HELSOM, FRANK E. NAME NAME JOHN HILTON 630 5TH AVENUE STREET ADDRESS STREET ADDRESS 630 FIFTH AVE **NEW YORK NY 10111** CITY-ST-7IP CITY-ST-ZIP 10111 NEW YORK, NY **MDCF** TITLE ☐ Delete TITLE Change Addition MACDONALD, JOHN G. NAME NAME **630 5TH AVE** STREET ADDRESS STREET ADDRESS **NEW YORK NY 10111** CITY-ST-ZIP CITY-ST-ZIP X Delete TX Change Addition TITLE. TITLE Managing Director MATTHEWS, WILLIAM A NAME NAME JO ANN ENGELHARDT 222 ROYAL PALM WAY STREET ADDRESS STREET ADDRESS 222 ROYAL PALM WAY PALM BEACH FL 33408 CITY-ST-7IP CITY-ST-ZIP PALM BEACH, FL 33408 SMD ☐ Change TITLE Delete TITLE ☐ Addition SANDSTROM, FRED NAME NAME 222 ROYAL PALM WAY STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP SMDC Delete TITLE TITLE CEO X Change Addition NAME HILTON, JOHN NAME 630 5TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10111** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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