FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **820894** **(4)**

1. Corporation Name

BESSEMER SECURITIES CORPORATION

Principal Place of Business

630 FIFTH AVE 39TH FL
NEW YORK, N Y 10111

Mailing Address

630 FIFTH AVE 39TH FL
NEW YORK, N Y 10111

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 11/14/1967

3a. Date of Last Report: 05/01/1995

4. FEI Number: 13-1542996 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MAASS, HAROLD G.
321 ROYAL POINCIANA PLAZA SOUTH
PALM BEACH FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	WOODS, WARD W. JR.	
STREET ADDRESS	% 630 FIFTH AVE 39TH FL	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	C	☐ DELETE
NAME	MARKOWITZ, HOWARD	
STREET ADDRESS	630 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 00000 10111	
TITLE	S	☐ DELETE
NAME	DAVIS, RICHARD R.	
STREET ADDRESS	% 630 FIFTH AVE 39TH FL	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	V	☐ DELETE
NAME	RUHM, THOMAS F.	
STREET ADDRESS	% 630 FIFTH AVE 39TH FL	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	SVP	☒ DELETE
NAME	WAIDE, PATRICK J. JR.	
STREET ADDRESS	%630 FIFTH AVE 39TH FL	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	TVP	☐ DELETE
NAME	MACDONALD, JOHN G.	
STREET ADDRESS	100 WOODBRIDGE CENTER DR	
CITY-ST-ZIP	WOODBRIDGE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JOHN G. MACDONALD 4/24/96 (212) 708-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)