

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MONTGOMERY
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 1 1995

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **820894**

(4)

1. Corporation Name:

BESSEMER SECURITIES CORPORATION

Principal Office Address:
**630 FIFTH AVE 39TH FL
NEW YORK, N Y 10111**

Mailing Address:
**630 FIFTH AVE 39TH FL
NEW YORK, N Y 10111**

DO NOT WRITE IN THIS SPACE

3. Date of Previous Filing	3a. Date of Last Report
11/14/1967	04/29/1994
4. FEI Number	Applied For Not Applicable
13-1542996	
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 § 199.032, Florida Statutes. ☐ Yes ☒ No	

2. Principal Office Telephone	2a. Mailing Address
21	26
State Apt. # ext.	State Apt. # ext.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAASS, HAROLD G. 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH FL	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 607.04(2) 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 607.04(3), Florida Statutes.

SIGNATURE

(Signature of person accepting appointment as registered agent)

(Signature of person accepting appointment as registered agent)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME P WOODS, WARD W. JR. % 630 FIFTH AVE 39TH FL NEW YORK, NY 00000	1. NAME ☐ Change ☐ Addition 2. STREET ADDRESS 3. CITY & STATE
NAME C MARKOWITZ, HOWARD 630 FIFTH AVENUE NEW YORK, NY 00000 10111	4. NAME ☐ Change ☐ Addition 5. STREET ADDRESS 6. CITY & STATE
NAME S DAVIS, RICHARD R. % 630 FIFTH AVE 39TH FL NEW YORK, NY 00000	7. NAME ☐ Change ☐ Addition 8. STREET ADDRESS 9. CITY & STATE
NAME V RUHM, THOMAS F. % 630 FIFTH AVE 39TH FL NEW YORK, NY 00000	10. NAME ☐ Change ☐ Addition 11. STREET ADDRESS 12. CITY & STATE
NAME SVP WAIDE, PATRICK J. JR. % 630 FIFTH AVE 39TH FL NEW YORK, NY 00000	13. NAME ☐ Change ☐ Addition 14. STREET ADDRESS 15. CITY & STATE
NAME TVP MACDONALD, JOHN G. 100 WOODBRIDGE CENTER DR WOODBRIDGE NJ	16. NAME ☐ Change ☐ Addition 17. STREET ADDRESS 18. CITY & STATE

14. I hereby certify that the information supplied with this filing is voluntarily furnished and taken truthfully for the information stated as herein. I further certify that the information included in 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. I am an officer or director of the corporation or the record or trustee or power of attorney holder, or I am a shareholder of the corporation, and that my name appears in Block 12 or Block 13 of this filing, or an affidavit of appointment with an address.

SIGNATURE:

John G. MacDonald
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTOR

JOHN G. MACDONALD

4/26/95 (212) 708-9100