2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P15564 Mar 20, 2000 8:00 am 1. Entity Name **Secretary of State** THE BESSEMER GROUP, INCORPORATED 03-20-2000 90186 043 ***150.00 Mailing Address Principal Place of Business 100 WOODBRIGDE CENTER DRIVE 100 WOODBRIGDE CENTER DRIVE WOODBRIDGE NJ 07095 WOODBRIDGE NJ 07095-1125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 13-3093730 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **CEO** Addition TITLE ☐ Delete TITLE ☐ Change HERREMA, DONALD NAME NAME STREET ADDRESS STREET ADDRESS **630 5TH AVE** CITY-ST-ZIE CITY-ST-ZIP NEW YORK NY 10111 Delete ☐ Change Addition TITLE NAME ELLIOTT, ROBERT C STREET ADDRESS STREET ADDRESS 630 FIFTH AVENUE : :-CITY-ST-ZIP CITY-ST-ZIF NEW YORK NY ☐ Delete ☐ Change Addition TITLE MACDONALD, JOHN G NAME NAME STREET ADDRESS STREET ADDRESS 100 WOODBRIDGE CENTER DR CITY-ST-ZIP CITY-ST-ZIP WOODBRIDGE NJ **EVPS** Addition ☐ Delete TITLE ☐ Change TITLE NAME DAVIS, RICHARD R NAME STREET ADDRESS STREET ADDRESS 630 FIFTH AVENUE CITY-ST-ZIP CITY-ST-ZIE **NEW YORK NY** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CiTY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

SIGNATURE: JOHN G. MACDONALD, EVP 212-708-9100

SIGNATURE AND TYPED OR PRINTED MAJE OF SIGNING OFFICER OR DIRECTOR Date

changed, or on an attachment with an address, with all other like empowered.