

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 820894**

1. Entity Name

**BESSEMER SECURITIES CORPORATION**

Principal Place of Business

**630 FIFTH AVE 39TH FL  
NEW YORK NY 10111**

Mailing Address

**630 FIFTH AVE 39TH FL  
NEW YORK NY 10111**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**13-1542996**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LINDSAY, ROBERT	
STREET ADDRESS	630 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY 10111	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input type="checkbox"/> Delete
NAME	MARKOWITZ, HOWARD	
STREET ADDRESS	630 FIFTH AVE 39TH FL	
CITY-ST-ZIP	NEW YORK, N Y 10111	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, RICHARD R.	
STREET ADDRESS	630 FIFTH AVE 39TH FL	
CITY-ST-ZIP	NEW YORK, N Y 10111	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TVSP	<input type="checkbox"/> Delete
NAME	MACDONALD, JOHN G.	
STREET ADDRESS	630 FIFTH AVE 39TH FL	
CITY-ST-ZIP	NEW YORK, N Y 10111	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAM, STEVE	
STREET ADDRESS	630 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, STEVEN	
STREET ADDRESS	630 Fifth Ave	
CITY-ST-ZIP	New York, New York 10111	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90462 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)