


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 820894 1. Entity Name BESSEMER SECURITIES CORPORATION	
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Principal Place of Business 630 FIFTH AVE 39TH FL NEW YORK, NY 10111	Mailing Address 630 FIFTH AVE 39TH FL NEW YORK, NY 10111
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DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-1542996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LINDSAY, ROBERT 630 FIFTH AVE NEW YORK, NY 10111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPC MARKOWITZ, HOWARD 630 FIFTH AVE 39TH FL NEW YORK, NY 10111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPS DAVIS, RICHARD R. 630 FIFTH AVE 39TH FL NEW YORK, NY 10111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSVP MACDONALD, JOHN G. 630 FIFTH AVE 39TH FL NEW YORK, NY 10111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILLIAMSON, STEVEN 630 FIFTH AVE NEW YORK, NY 10111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000092181 03/18/04-80039-007 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 3/6/04 Daytime Phone # _____
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