


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P15564	
1. Entity Name THE BESSEMER GROUP, INCORPORATED	

Principal Place of Business 100 WOODBRIDGE CENTER DRIVE WOODBIDGE, NJ 07095-1125	Mailing Address 100 WOODBRIDGE CENTER DRIVE WOODBIDGE, NJ 07095-1125
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04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3093730	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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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000333118 04/26/05-80085-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO HILTON, JOHN 630 5TH AVE NEW YORK, NY 10111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SMD ELLIOTT, ROBERT C 630 FIFTH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD MACDONALD, JOHN G 100 WOODBRIDGE CENTER DR WOODBIDGE, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD DAVIS, RICHARD R 630 FIFTH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP CAMPBELL, GAIL 100 WOODBRIDGE CENTER DR WOODBIDGE, NJ 07095
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	4-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #