



FILED
Mar 31, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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	 03232006 No Chg-P CR2E034 (11/05) 4. FEI Number 13-3093730 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	CEO	 U00000487297 04/13/06-80070-015 150.00 DO NOT WRITE IN THIS SPACE
NAME	HILTON, JOHN	
STREET ADDRESS	630 5TH AVE	
CITY- ST- ZIP	NEW YORK, NY 10111	
TITLE	SMD	
NAME	ELLIOTT, ROBERT C	
STREET ADDRESS	630 FIFTH AVENUE	
CITY- ST- ZIP	NEW YORK, NY	
TITLE	MD	DO NOT WRITE IN THIS SPACE
NAME	MACDONALD, JOHN G	
STREET ADDRESS	100 WOODBRIDGE CENTER DR	
CITY- ST- ZIP	WOODBIDGE, NJ	
TITLE	MD	
NAME	DAVIS, RICHARD R	
STREET ADDRESS	630 FIFTH AVENUE	
CITY- ST- ZIP	NEW YORK, NY	
TITLE	SVP	DO NOT WRITE IN THIS SPACE
NAME	CAMPBELL, GAIL	
STREET ADDRESS	100 WOODBRIDGE CENTER DR	
CITY- ST- ZIP	WOODBIDGE, NJ 07095	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/24/06. 732-694-5407 <small>Day Daytime Phone #</small>