2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K11422

630 5TH AVE

NEW YORK, NY 10111

Address:

City-St-Zip:

Entity Name: BESSEMER BUILDING CORPORATION

FILED Apr 21, 2008 Secretary of State

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Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
	L PALM WAY ACH, FL 33480)				
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
% WILLIAM MATTHEWS 222 ROYAL PALM WAY PALM BEACH, FL 33480			222 ROYA	JOANN ENGELHARDT 222 ROYAL PALM WAY PALM BEACH, FL 33480		
FEI Number	: 22-2870828	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1201 HAY	ATION SERVIC S STREET SSEE, FL 3230					
	named entity s e of Florida.	submits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Registered Age	ent	Date		
Election Car	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO () HILTON, JOHN 630 FIFTH AVE NEW YORK, N		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	SVP () MACDONALD, v 630 FIFTH AVE NEW YORK, N	*	Title: Name: Address: City-St-Zip:	TREA (MACDONALD 630 FIFTH AV NEW YORK,	/E	
Title: Name: Address: City-St-Zip:	VP () ENGELHARDT, 222 ROYAL PA PALM BEACH,	LM WAY	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name:	SD () WILLIAMSON.	Delete STEVEN L	Title: Name:	(() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GAIL CAMPBELL MD 04/21/2008