

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90349 040 ***150.00

DOCUMENT # K11422

1. Entity Name
BESSEMER BUILDING CORPORATION



Principal Place of Business
% WILLIAM MATTHEWS
222 ROYAL PALM WAY
PALM BEACH FL 33480

Mailing Address
% WILLIAM MATTHEWS
222 ROYAL PALM WAY
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2870828**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MATTHEWS, WILLIAM A
222 ROYAL PALM WAY
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

JO ANN ENGELHARDT

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

**C/O BESSEMER BUILDING CORP, 222 ROYAL PALM
WAY**

City

PALM BEACH

FL

Zip Code

33480

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

Jo Ann Engelhardt

14 April 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☒ Delete
NAME **HELSON, FRANK E.**
STREET ADDRESS **222 ROYAL PALM WAY**
CITY-ST-ZIP **PALM BEACH FL**

TITLE **CEO HILTON, JOHN A.** ☒ Change ☐ Addition
NAME
STREET ADDRESS **630 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK, NEW YORK**

TITLE **SVP** ☐ Delete
NAME **MACDONALD, JOHN G.**
STREET ADDRESS **630 FIFTH AVE**
CITY-ST-ZIP **NEW YORK NY 10111**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **MATTHEWS, WILLIAM A.**
STREET ADDRESS **222 ROYAL PALM WAY**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **ENGELHARDT, JO ANN**
STREET ADDRESS **222 ROYAL PALM WAY**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **DAVIS, RICHARD R.**
STREET ADDRESS **630 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK, NEW YORK 10111**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/03

CR2E034 (10/02)