

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000987

**Entity Name:** THE WILLIAM J. VON LIEBIG FOUNDATION INC.

**FILED**  
**Apr 23, 2016**  
**Secretary of State**  
**CC6529732102**

**Current Principal Place of Business:**

C/O SEAN S. MEEHAN, BESSEMER TRUST  
630 FIFTH AVENUE  
NEW YORK, NY 10111

**Current Mailing Address:**

C/O SEAN S. MEEHAN, BESSEMER TRUST  
630 FIFTH AVENUE  
NEW YORK, NY 10111 US

**FEI Number: 31-1470886**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PASSIDOMO, JOHN M ESQ.  
821 FIFTH AVENUE SOUTH  
NAPLES, FL 34102 US

*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.*

**SIGNATURE:** JOHN M. PASSIDOMO

04/23/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPST  
Name LIEBIG, SUZANNE VON  
Address BESSEMER TRUST, 630 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10111

Title D  
Name JACOBS, BETH ELLEN  
Address BESSEMER TRUST, 630 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10111

Title DIRECTOR, VICE-PRESIDENT  
Name ENNIS, MICHAEL  
Address BESSEMER TRUST, 630 FIFTH AVENUE  
City-State-Zip: NEW YORK FL 10111

Title DIRECTOR  
Name O'NEIL, JOHN J.  
Address BESSEMER TRUST, 630 FIFTH AVENUE  
City-State-Zip: NEW YORK FL 10111

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUZANNE VON LIEBIG

**PRESIDENT**

04/23/2016

Electronic Signature of Signing Officer/Director Detail

Date