

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018091

Entity Name: BESSEMER TRUST COMPANY OF FLORIDA**Current Principal Place of Business:**222 ROYAL PALM WAY
PALM BEACH, FL 33480**Current Mailing Address:**222 ROYAL PALM WAY
PALM BEACH, FL 33480**FEI Number:** 59-6067333**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ENGELHARDT, JO ANN
C/O BESSEMER TRUST COMPANY OF FL
222 ROYAL PALM WAY
PALM BEACH, FL 33480 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title CEO
Name STERN, MARC
Address 630 5TH AVE.
City-State-Zip: NEW YORK NY 10111Title MD, CFO
Name MACDONALD, JOHN G
Address 630 5TH AVE
City-State-Zip: NEW YORK NY 10111Title MD
Name ENGELHARDT, JO ANN
Address 222 ROYAL PALM WAY
City-State-Zip: PALM BEACH FL 33408Title SECRETARY
Name WILLIAMSON, STEVEN L
Address 630 FIFTH AVENUE
City-State-Zip: NEW YORK NY 10111Title MD
Name CAMPBELL, GAIL
Address 100 WOODBRIDGE CTR DRIVE
City-State-Zip: WOODBRIDGE NJ 07095Title T
Name MURRAY, DANIEL
Address 100 WOODBRIDGE CTR DRIVE
City-State-Zip: WOODBRIDGE NJ 07095Title PRESIDENT
Name WILCOX, GEORGE H
Address C/O BESSEMER 630 FIFTH AVENUE
City-State-Zip: NEW YORK NY 07095

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

SIGNATURE: GAIL CAMPBELL

MANAGING DIRECTOR

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date