

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

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

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| DOCUMENT # 018091 | |  |
| 1. Entity Name BESSEMER TRUST COMPANY OF FLORIDA | | |
| Principal Place of Business 222 ROYAL PALM WAY PALM BEACH, FL 33480 | | Mailing Address 222 ROYAL PALM WAY PALM BEACH, FL 33480 |
| DO NOT WRITE IN THIS SPACE | | |
| | |  03232006 No Chg-P CR2E034 (11/05) |
| | | 4. FEI Number 59-6067333 |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. 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 | | 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____ | | |
| 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 | | DO NOT WRITE IN THIS SPACE 000000487316 04/13/06-80070-020 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO HILTON, JOHN 630 5TH AVE. NEW YORK, NY 10111 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MDCF MACDONALD, JOHN G 630 5TH AVE NEW YORK, NY 10111 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ENGELHARDT, JO ANN 222 ROYAL PALM WAY PALM BEACH, FL 33480 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SM SHELLY, THADDEUS H III 222 ROYAL PALM WAY PALM BEACH, FL 33408 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CAMPBELL, GAIL 100 WOODBRIDGE CTR DRIVE 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:  | | 3/24/06 732-694-5407 |