

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 606097**

1. Entity Name  
PHIPPS LAND COMPANY, INC.



Principal Place of Business  
C/O BESSEMER PROPERTIES INC  
630 FIFTH AVENUE  
NEW YORK, NY 10111

Mailing Address  
C/O BESSEMER PROPERTIES INC  
630 FIFTH AVENUE  
NEW YORK, NY 10111



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-1079988

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U00000933101  
05/22/08-80080-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LINDSAY, ROBERT  
C/O BESSEMER 630 5TH AVENUE  
NEW YORK, NY 10111

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
WILLIAMSON, STEVEN L  
630 FIFTH AVENUE  
NEW YORK, NY 10111

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TVPD  
MACDONALD, JOHN G  
C/O BESSEMER 630 5TH AVENUE  
NEW YORK, NY 10111

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN G. MACDONALD

4/23/08

Date

Daytime Phone #