

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # 820894

1. Entity Name

BESSEMER SECURITIES CORPORATION



Principal Place of Business

**630 FIFTH AVE 39TH FL
NEW YORK, NY 10111**

Mailing Address

**630 FIFTH AVE 39TH FL
NEW YORK, NY 10111**



03232006 No Chg-P CRZE034 (11/05)

4. FEI Number

13-1542996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000001452482
04/19/06-80066-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LINDSAY, ROBERT
STREET ADDRESS	630 FIFTH AVE
CITY-ST-ZIP	NEW YORK, NY 10111
TITLE	VPC
NAME	MARKOWITZ, HOWARD
STREET ADDRESS	630 FIFTH AVE 39TH FL
CITY-ST-ZIP	NEW YORK, NY 10111
TITLE	SVPS
NAME	DAVIS, RICHARD R.
STREET ADDRESS	630 FIFTH AVE 39TH FL
CITY-ST-ZIP	NEW YORK, NY 10111
TITLE	TSVP
NAME	MACDONALD, JOHN G.
STREET ADDRESS	630 FIFTH AVE 39TH FL
CITY-ST-ZIP	NEW YORK, NY 10111
TITLE	VP
NAME	WILLIAMSON, STEVEN
STREET ADDRESS	630 FIFTH AVE
CITY-ST-ZIP	NEW YORK, NY 10111
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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #