2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT				$\mathbf{A}_{\mathbf{k}}$	7 30, 2000 00.00
DOCU	MENT # 820894				Secretary of Sta
1. Entity Name BESSEMER SECURITIES CORPORATION					
D2002.					
Principal Plac	e of Business	Mailing Address			
630 FIFTH A NEW YORK, N		630 FIFTH AVE 39TH FL NEW YORK, NY 10111			
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	en e		* c.		
	O NOT WRITE	IN THIS SDA	CE	04212008 No Chg-P	CR2E034 (11/05)
	O NOT WKITE	IIV IIIIG SFA	VL .	4. FEI Number 13-1542996	Applied For Not Applicable
				5. Certificate of Status Desire	\$8.75 Additional
	6. Name and Address of Current Ro	egistered Agent	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Fee Required
CORPORATION SERVICE COMPANY 1201 HAYS STREET				DO NOT I	WRITE
TALLAHASSEE, FL 32301) h	IN THIS S	SPACE
			, ,		•
8. The above	named entity submits this statement for I	he purpose of changing its register	ed office or register	red agent, or both, in the State of	f Florida. I am familiar with, and accept
	tions of registered agent.		•	-	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if apolicable (NOTE Register)	ed Agent signature require	d when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		,00 May Be led to Fees	
10.	OFFICERS AND D		1	<u></u>	000934154 08-80021-003 150.00
TITLE	Р		1	U5/23/	⁽ , MQ-QAASI_ANDS 13N°AA
NAME STREET ADDRESS	LINDSAY, ROBERT 630 FIFTH AVE				1
CITY-ST-ZIP	NEW YORK, NY 10111				
TITLE	VPC				
NAME STREET ADDRESS	MARKOWITZ, HOWARD 630 FIFTH AVE 39TH FL		A State of the sta		
CITY-ST-ZIP	NEW YORK, NY 10111				
TITLE NAME	TSVP MACDONALD, JOHN G.		<i>a</i> *		
STREET ADDRESS	630 FIFTH AVE 39TH FL			DO NOT	WRITE
CITY-ST-ZIP TITLE	NEW YORK, NY 101111				· · · · · · · · · · · · · · · · · · ·
NAME	WILLIAMSON, STEVEN			IN THIS S	PACE
STREET ADDRESS CITY - ST - ZIP	630 FIFTH AVE NEW YORK, NY 10111				
TITLE		. .	1	,	
NAME CAREET ACRES OF				,	
STREET ADDRESS CITY-SI-ZIP					

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JOHN
TORE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

JOHN G. MACDONALD

4/23/08 Date

Daytime Phone *

^{12.} Thereby 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.