FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR -9 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000001091 (5)**

1. Corporation Name
BESSEMER INVESTOR SERVICES INC

Principal Place of Business	Mailing Address
630 5TH AVE NEW YORK NY 10111-0333	630 5TH AVE NEW YORK NY 10111-0333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 51-0270094 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: CORPORATION SERVICES COMPANY
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Darren B. Mar (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	WHITMORE, JOHN R		1.2 NAME	DONALD J. HERREMA	
STREET ADDRESS	630 5TH AVE.		1.3 STREET ADDRESS	630 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10111-0333		1.4 CITY-ST-ZIP	NY NY 10111	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, RICHARD R		2.2 NAME		
STREET ADDRESS	630 5TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10111-0333		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, TIMOTHY J		3.2 NAME		
STREET ADDRESS	630 5TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10111-0333		3.4 CITY-ST-ZIP		
TITLE	TSVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ARTEMIOU, PETER C		4.2 NAME		
STREET ADDRESS	630 5TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARIANI, FRANK		5.2 NAME		
STREET ADDRESS	630 5TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10111-0333		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HELSOM, FRANK E		6.2 NAME		
STREET ADDRESS	630 5TH AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10111-0333		6.4 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Mariani VP 3/3/98