

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90473 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F96000001091

1. Entity Name
BESSEMER INVESTOR SERVICES INC



Principal Place of Business
**630 5TH AVE
NEW YORK, NY 10111-0333**

Mailing Address
**630 5TH AVE
NEW YORK, NY 10111-0333**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
51-0270094

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **D** ☐ Delete
DAVIS, RICHARD R
STREET ADDRESS
CITY-ST-ZIP **630 5TH AVE.
NEW YORK, NY 101110333**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** ☐ Delete
MORRIS, TIMOTHY J
STREET ADDRESS
CITY-ST-ZIP **630 6TH AVE.
NEW YORK, NY 101110333**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **TSVP** ☐ Delete
ARTEMIOU, PETER C
STREET ADDRESS
CITY-ST-ZIP **630 5TH AVE
NEW YORK, NY**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **V** ☐ Delete
MARIANI, FRANK
STREET ADDRESS
CITY-ST-ZIP **630 5TH AVE.
NEW YORK, NY 101110333**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **PD** ☒ Delete
HELSOM, FRANK E
STREET ADDRESS
CITY-ST-ZIP **630 5TH AVE.
NEW YORK, NY 101110333**

TITLE
NAME **President/Director** ☐ Change ☒ Addition
Hilton, John A., Jr.
STREET ADDRESS
CITY-ST-ZIP **630 5th Ave.
New York, NY 10111-0333**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

Peter C. Artemiou 2/13/2003 732.694.5439

Date

Daytime Phone

CR2E034 (10/02)