
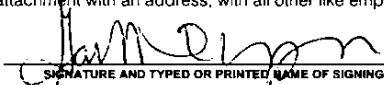


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90073 039 ***150.00

DOCUMENT # P15564					
1. Entity Name THE BESSEMER GROUP, INCORPORATED					
Principal Place of Business 100 WOODBRIDGE CENTER DRIVE WOODBRIIDGE, NJ 07095-1125			Mailing Address 100 WOODBRIDGE CENTER DRIVE WOODBRIIDGE, NJ 07095-1125		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-3093730	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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		Zip Code
					FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		9. \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILTON, JOHN		NAME		
STREET ADDRESS	630 5TH AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10111		CITY-ST-ZIP		
TITLE	SMD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, ROBERT C		NAME		
STREET ADDRESS	630 FIFTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, JOHN G		NAME		
STREET ADDRESS	100 WOODBRIDGE CENTER DR		STREET ADDRESS		
CITY-ST-ZIP	WOODBRIIDGE, NJ		CITY-ST-ZIP		
TITLE	MD	<input checked="" type="checkbox"/> Delete	TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RICHARD R		NAME	WILLIAMSON, STEVEN L.	
STREET ADDRESS	630 FIFTH AVENUE		STREET ADDRESS	630 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP	NEW YORK, NY 10111	
TITLE	SVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, GAIL		NAME		
STREET ADDRESS	100 WOODBRIDGE CENTER DR		STREET ADDRESS		
CITY-ST-ZIP	WOODBRIIDGE, NJ 07095		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Principal		Date: 4/18/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 732-694-5407	