

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15564

FILED
Apr 21, 2008
Secretary of State

Entity Name: THE BESSEMER GROUP, INCORPORATED

Current Principal Place of Business:

100 WOODBRIDGE CENTER DRIVE
WOODBIDGE, NJ 070951125

New Principal Place of Business:

100 WOODBRIDGE CENTER DRIVE
WOODBIDGE, NJ 070951125

Current Mailing Address:

100 WOODBRIDGE CENTER DRIVE
WOODBIDGE, NJ 070951125

New Mailing Address:

100 WOODBRIDGE CENTER DRIVE
WOODBIDGE, NJ 070951125

FEI Number: 13-3093730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HILTON, JOHN
Address: 630 5TH AVE
City-St-Zip: NEW YORK, NY 10111

Title: SMD () Delete
Name: ELLIOTT, ROBERT C
Address: 630 FIFTH AVENUE
City-St-Zip: NEW YORK, NY

Title: MD () Delete
Name: MACDONALD, JOHN G
Address: 100 WOODBRIDGE CENTER DR
City-St-Zip: WOODBRIDGE, NJ

Title: MD () Delete
Name: WILLIAMSON, STEVEN L
Address: 630 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10111

Title: SVP () Delete
Name: CAMPBELL, GAIL
Address: 100 WOODBRIDGE CENTER DR
City-St-Zip: WOODBRIDGE, NJ 07095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change () Addition
Name: CAMPBELL, GAIL
Address: 100 WOODBRIDGE CENTER DR
City-St-Zip: WOODBRIDGE, NJ 07095

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL CAMPBELL

MD

04/21/2008

Electronic Signature of Signing Officer or Director

Date