$150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -2 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1650.00 ****150.00

DOCUMENT # 844419

1. Entity Name

Century 21 Real Estate Corporation

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
6524 IVAN WAY Suite, Apt. #, etc.	SAME Suite, Apt. #, etc.
City & State: PARSIPPANY, NJ Zip: 07054 Country: USA	City & State Zip Country

4. FEI Number: 95-3414846 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd

City: Plantation FL Zip Code: 33324

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	D/SEVP/AS	TITLE	
NAME	JAMES E. BUCKMAN	NAME	
STREET ADDRESS	9 W. 57 ST., 37TH FLR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	ROBERT T. MOLES	NAME	
STREET ADDRESS	1 CAMPUS DR.	STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY, NJ 07054	CITY-ST-ZIP	
TITLE	D/Ch	TITLE	
NAME	RICHARD A. SMITH	NAME	
STREET ADDRESS	1 CAMPUS DR.	STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY, NJ 07054	CITY-ST-ZIP	
TITLE	P/COO	TITLE	
NAME	VAN DAVIS	NAME	
STREET ADDRESS	1 CAMPUS DR.	STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY, NJ 07054	CITY-ST-ZIP	
TITLE	EVP/T	TITLE	
NAME	DUNCAN H. COCROFT	NAME	
STREET ADDRESS	1 CAMPUS DR.	STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY, NJ 07054	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	JOSEPH HUBER	NAME	
STREET ADDRESS	1 CAMPUS DR.	STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY, NJ 07054	CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Huber Joseph Huber, VP-Tax 4/30 973-496-2633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #