


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90009 046 ***150.00

DOCUMENT # F02000004734

1. Entity Name
BETA REO CORP.



Principal Place of Business
**C/O GREENPOINT BANK
 90 PARK AVENUE
 NEW YORK, NY 10016**

Mailing Address
**C/O GREENPOINT BANK
 90 PARK AVENUE
 NEW YORK, NY 10016**

54016237



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02192004 Chg-P CR2E034 (10/03)

4. FEI Number
11-3218525

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PANELINO, LYNNE			NAME	EDWARD LAUREL		
STREET ADDRESS	1981 MARCUS AVENUE			STREET ADDRESS	2300 BROOKSTONE CENTRE PARKWAY		
CITY-ST-ZIP	LAKE SUCCESS, NY 11042			CITY-ST-ZIP	COLUMBUS, GA 31909		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PERILLO, JOSEPH			NAME	ROBERT TRAMANTANO		
STREET ADDRESS	90 PARK AVENUE			STREET ADDRESS	90 PARK AVENUE		
CITY-ST-ZIP	NEW YORK, NY 10016			CITY-ST-ZIP	NEW YORK, NY 10016		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUSSEY, DENNIS			NAME	BARBARA ENGLE		
STREET ADDRESS	2300 BROOKSTONE CENTRE PARKWAY			STREET ADDRESS	2300 BROOKSTONE CENTRE PARKWAY		
CITY-ST-ZIP	COLUMBUS, GA 31909			CITY-ST-ZIP	COLUMBUS, GA 31909		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOLPE, FRANK			NAME	PAT LEE		
STREET ADDRESS	1981 MARCUS AVENUE			STREET ADDRESS	2300 BROOKSTONE CENTRE PARKWAY		
CITY-ST-ZIP	LAKE SUCCESS, NY 10042			CITY-ST-ZIP	COLUMBUS, GA 31909		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HRYCAK, GREG			NAME	ERENE CANTE		
STREET ADDRESS	1981 MARCUS AVENUE			STREET ADDRESS	1981 MARCUS AVENUE		
CITY-ST-ZIP	LAKE SUCCESS, NY 10042			CITY-ST-ZIP	LAKE SUCCESS, NY 10042		
TITLE	T	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GIARAMIDA, ANGELA			NAME	ROBERT DIQUATTRO		
STREET ADDRESS	90 PARK AVENUE			STREET ADDRESS	2300 BROOKSTONE CENTRE PARKWAY		
CITY-ST-ZIP	NEW YORK, NY 10016			CITY-ST-ZIP	COLUMBUS, GA 31909		

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: Robert Tramantano ROBERT TRAMANTANO MARCH 1, 2004 212-834-1073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #