


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90202 034 ***150.00

DOCUMENT # F03000004213			
1. Entity Name NRT NEW YORK, INC.			
Principal Place of Business 339 JEFFERSON ROAD PARSIPPANY NJ 07054		Mailing Address 339 JEFFERSON ROAD PARSIPPANY NJ 07054	
2. Principal Place of Business		3. Mailing Address 1 Campus Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Parsippany NJ	
Zip	Country	Zip	Country
07054	USA	07054	USA
4. FEI Number 13-4199334		Applied For Not Applicable	
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 32301-2525		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P CASEY, DONALD J 308 ROUTE 38 MOORESTOWN NJ 08057 <input checked="" type="checkbox"/> Delete	TITLE	Robert M. Becker President and CEO 339 Jefferson Road Parsippany NJ 07054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	V FREEMAN, THOMAS J 6 SYLVAN WAY PARSIPPANY NJ 07054 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	* SVP, Marketing PALMER, JEFFREY 339 JEFFERSON ROAD PARSIPPANY NJ 07054 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VAS ALEGRE, SERGIO 339 JEFFERSON ROAD PARSIPPANY NJ 07054 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V CADEMATORI, MICHAEL 339 JEFFERSON ROAD PARSIPPANY NJ 07054 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VCIO DWYER, TERRY 1 CAMPUS DRIVE PARSIPPANY NJ 07054 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Joseph Huber</u>		Joseph Huber 4-20-04 973496-7471	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	