2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F03000004213

Entity Name: NRT NEW YORK, INC.

FILED Jul 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1 CAMPUS DRIVE PARSIPPANY, NJ 07054 **Current Mailing Address: New Mailing Address:** 1 CAMPUS DRIVE PARSIPPANY, NJ 07054 FEI Number: 13-4199334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SMITH, RICHARD A Name: Name: 1 CAMPUS DRIVE Address: Address: City-St-Zip: PARSIPPANY, NJ 07054 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HULL, ANTHONY E Name: 1 CAMPUS DRIVE Address: Address: PARSIPPANY, NJ 07054 City-St-Zip: City-St-Zip:) Delete Title: Title: () Change () Addition ZIPF, BRUCE Name: Name: 1 CAMPUS DRIVE Address: Address: City-St-Zip: PARSIPPANY, NJ 07054 City-St-Zip: Title: () Delete Title: (X) Change () Addition CARDWELL IV, C. PATTESON YAHN, WILLIAM D Name: Name: Address: 1 CAMPUS DRIVE Address: 1251 BANYAN ROAD City-St-Zip: PARSIPPANY, NJ 07054 City-St-Zip: BOCA RATON, FL 33432 Title: SVP Title: () Delete () Change () Addition HUBER, JOSEPH J Name: Name: 1 CAMPUS DRIVE Address: Address: City-St-Zip: PARSIPPANY, NJ 07054 City-St-Zip: Title: (X) Delete Title: () Change () Addition CARDWELL IV, C. PATTESON Name: Name: Address: 1 CAMPUS DRIVE Address: City-St-Zip: City-St-Zip: PARSIPPANY, NJ 07054

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: BRUCE ZIPF P 07/25/2007