

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000090056

**Entity Name:** CHRISTIE'S INTERNATIONAL REAL ESTATE, INC.**Current Principal Place of Business:**313 1/2 WORTH AVENUE  
STE 3B  
PALM BEACH, FL 33480**Current Mailing Address:**20 ROCKEFELLER PLAZA  
NEW YORK, NY 10020 US**FEI Number:** 33-0227972**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR - STE. A  
TALLAHASSEE, FL 32301 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**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | PRESIDENT            |
| Name            | CONN, DAN            |
| Address         | 20 ROCKEFELLER PLAZA |
| City-State-Zip: | NEW YORK NY 10020    |

|                 |                      |
|-----------------|----------------------|
| Title           | SECRETARY            |
| Name            | CARTER, KEISHA       |
| Address         | 20 ROCKEFELLER PLAZA |
| City-State-Zip: | NEW YORK NY 10020    |

|                 |                      |
|-----------------|----------------------|
| Title           | TREASURER            |
| Name            | HAMM, WILLIAM        |
| Address         | 20 ROCKEFELLER PLAZA |
| City-State-Zip: | NEW YORK NY 10020    |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | LOS, MARIA           |
| Address         | 20 ROCKEFELLER PLAZA |
| City-State-Zip: | NEW YORK NY 10020    |

*I hereby 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 all other like empowered.*

**SIGNATURE:** WILLIAM HAMM

TREASURER

04/02/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date