

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073813

Entity Name: RB-RE INC.

Current Principal Place of Business:

529 EAST SOUTH TEMPLE
SALT LAKE CITY, UT 84102

Current Mailing Address:

529 EAST SOUTH TEMPLE
SALT LAKE CITY, UT 84102

FEI Number: 59-3549867

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 DP
Name WHEELER, JUSTIN R
Address 529 EAST SOUTH TEMPLE
City-State-Zip: SALT LAKE CITY UT 84102

Title ST
Name MAKI, CORINNE
Address 529 EAST SOUTH TEMPLE
City-State-Zip: SALT LAKE CITY UT 84102

Title VP
Name NITTOLI, ROCCO
Address 315 PARK AVENUE SOUTH, 20TH FL
City-State-Zip: NEW YORK NY 10010

Title DVP
Name ORLANDO, JOSEPH A
Address 315 PARK AVENUE SOUTH
City-State-Zip: NEW YORK NY 10010

Title AS
Name ULBRANDT, LAURA E
Address 315 PARK AVENUE SOUTH, 20TH FLOOR
City-State-Zip: NEW YORK NY 10010

Title VP
Name CANNELLA, PHILIP M
Address 315 PARK AVENUE SOUTH, 20TH FL
City-State-Zip: NEW YORK NY 10010

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: CORINNE MAKI

SECRETARY/TREASURER 02/07/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date