2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2006 8:00 am Secretary of State **DOCUMENT # 698830** 1. Entity Name 05-02-2006 90279 001 *3,611.25 REFERRAL ASSOCIATES OF FLORIDA, INC. Principal Place of Business Mailing Address CENDANT CORPORATION 1 CAMPUS DRIVE PARSIPPANY NJ 07054 339 JEFFERSON ROAD PARSIPPANY NJ 07054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State Applied For City & State 4. FEI Number 13-3084484 Not Applicable Zio Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOYE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State-OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE VΡ ☐ Delete TITLE Addition NAME HUBER, JOSEPH NAME STREET ADDRESS 1 CAMPUS DR STREET ADDRESS CITY-ST-ZIP PARSIPPANY NJ 07054 CITY-ST-ZIP THE **PCEO** ☐ Delete TITLE ☐ Change Addition NAME ZIPF, BRUCE NAME STREET ADDRESS 339 JEFFERSON ROAD STREET ADDRESS CITY-ST-ZIP PARSIPPANY NJ 07054 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition **FVCS** BOCK, ERIC J STREET ADDRESS 37TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NEW YORK NY 10019 **EVPD** ■ Addition TITLE ☐ Delete Change TITLE BUCHMAN, JAMES E NAME NAME STREET ADDRESS 9 WEST 57TH ST STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10019 CITY-S1-ZIP TITLE ☐ Defete TITLE Change Addition SMITH, RICHARD A NAME NAME 1 CAMPUS DR STREET ADDRESS STREET ADDRESS PARSIPPANY NJ 07054 CITY-ST-ZIP CITY-ST-ZIF **EVPT** ☐ Change ☐ Delete TITLE Addition WYSHNER, DAVID B NAME 1 CAMPUS DRIVE STREET ADDRESS STREET ADDRESS PARSIPPANY NJ 07054 CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

4/20/06

Daytime Phone #

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

ATTACHMENT - 66013666 + 1698830

Referral Associates of Florida, Inc.

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66013666 #698830

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