


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 A
Secretary of State

DOCUMENT # 834974 1. Entity Name REALM NATIONAL INSURANCE COMPANY	
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Principal Place of Business 125 MAIDEN LANE NEW YORK, NY	Mailing Address 125 MAIDEN LANE NEW YORK, NY
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02172005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3625361	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

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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 <u>Cynthia L. Harris</u> <small>Signature typed or printed name of registered agent and title if applicable</small>	Cynthia L. Harris as its agent	DATE <u>2/28/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VU, CHRISTINA 1816 GEORGE ST RIDGEWOOD, NY 11385
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GREEN, DANNY 7 JOHNNY COURT RED BANK, NJ 07701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ZINNERT, RONATA L 125 MAIDEN LANE, 5TH FLOOR NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIOMA, MARK S 171 E 84TH STREET, APT 21C NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000247524 03/01/05-80025-009 150.00</p> DO NOT WRITE IN THIS SPACE

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>Mark S. Sioma</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>2/22/05</u>	DAYTIME PHONE # <u>212/269-6700</u>