2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006330

Entity Name: RESORT MARKETING SERVICES, INC.

FILED Jun 01, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
8427 SOUTH PARK CIRCLE ORLANDO, FL 32819				
Current Mailing Address:			New Mailing Address:	
1 CAMPUS DRIVE PARSIPPANY, NJ 07054				
FEI Number: 05-0510012 FEI Number Applied For () FEI Num			nber Not Appli	cable () 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				
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () HANNING, FRAN 8427 SOUTH PA ORLANDO, FL	ARK CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () HUBER, JOSEP 1 CAMPUS DRIV PARSIPPANY, N	/E	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition GEPPEL, GREGORY 7 SYLVAN WAY PARSIPPANY, NJ 07054
Title: Name: Address: City-St-Zip:	S () BOCK, ERIC J 9 WEST 57TH S NEW YORK, NY		Title: Name: Address: City-St-Zip:	S (X) Change () Addition FELDMAN, LYNN A 7 SYLVAN WAY PARSIPPANY, NJ 07054
Title: Name: Address: City-St-Zip:	DT () WYSHNER, DAN 1 CAMPUS DRIN PARSIPPANY, N	/E	Title: Name: Address: City-St-Zip:	DT (X) Change () Addition WILSON, VIRGINIA M 7 SYLVAN WAY PARSIPPANY, NJ 07054
Title: Name: Address: City-St-Zip:	D () BUCKMAN, JAM 9 WEST 57TH S NEW YORK, NY	TREET	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HOLMES, STEPHEN P 7 SYLVAN WAY PARSIPPANY, NJ 07054
Title: Name: Address:	D (X) HOLMES, STEP 1 CAMPUS DRIV	/E	Title: Name: Address:	() Change () Addition

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: LYNN A. FELDMAN S 06/01/2007