

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90501 047 \*\*\*150.00

**DOCUMENT # F01000006330**

1. Entity Name

**RESORT MARKETING SERVICES, INC.**



Principal Place of Business

**115 LONG WHARF  
NEWPORT RI 02840**

Mailing Address

**1 CAMPUS DRIVE  
LEGAL DEPT  
PARSIPPANY NJ 07054**

2. Principal Place of Business

**8427 So. Park Cir.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Orlando, FL.**

City & State

Zip

**32819**

Country

Country

4. FEI Number **05-0510012**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**

**1201 HAYS STREET**

**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **KEARNS, RICHARD G**  
STREET ADDRESS **115 LONG WHARF**  
CITY-ST-ZIP **NEWPORT RI 02840**

TITLE **V** ☒ Delete  
NAME **USERY, GEORGE**  
STREET ADDRESS **ONE VANCE GAP ROAD**  
CITY-ST-ZIP **ASHEVILLE NY**

TITLE **SD** ☒ Delete  
NAME **WINKLER, RICHARD G**  
STREET ADDRESS **115 LONG WHARF**  
CITY-ST-ZIP **NEWPORT RI 02840**

TITLE **T** ☒ Delete  
NAME **MERCURIO, JAMES A**  
STREET ADDRESS **115 LONG WHARF**  
CITY-ST-ZIP **NEWPORT RI 02840**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
NAME **FRANZ HANNING**  
STREET ADDRESS **8427 SO. PARK CIR**  
CITY-ST-ZIP **Orlando, FL 32819**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Joseph Huber**  
STREET ADDRESS **1 CAMPUS DR**  
CITY-ST-ZIP **PARSIPPANY NJ 07054**

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **Eric Boock**  
STREET ADDRESS **1 West 57th St., NY NY**  
CITY-ST-ZIP

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **DUNCAN Gocraft**  
STREET ADDRESS **1 Campus Dr., Parsippany NJ**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/03**

Date

**973-428-9700**

Daytime Phone #

CR2E034 (10/02)

Attachment#

85644490  
FO1000006330

**Cherie Ortell Macciachera**  
Senior Corporate  
Paralegal  
Legal

**Cendant Corporation**  
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**CENDANT**