## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## DOCUMENT # F02000000840

1. Entity Name

## CENDANT MOBILITY RELOCATION COMPANY



Principal Plac	e of Business	Mailing Address							
40 APPLE RIDGE ROAD DANBURY CT 06810		1 CAMPUS DR LEGAL DEPT 3B PARSIPPANY NJ 0	7054						
2. Principal Place of Business		3. Mailing Address					11511 4811881 11 (65)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		15	1st MOORE CR2E034 (10/05)				
City & State		City & State		4. FEI Numb	04-3601174		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	\$8.75 Fee Red	Additional quired		
	6. Name and Address of Curre	nt Registered Agent	,	7. Name and	7. Name and Address of New Registered Agent				
•			Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street	Street Address (P.O. Box Number is Not Acceptable)					
TAL	LAHASSEE FL 32301-252	25							
			City			FL Zip	Code		
	named entity submits this statemen ions of registered agent	t for the purpose of changin	g its registered office (	or registered agent, or be	oth, in the State of Florida	a. I am familiar	with, and accept		
SIGNATURE	Signature, typen or printed name of registered ag	pent and title it applicable	(NOTE Registered Agent sign)	alore required when revistaling)		DATE			
· · · · · · · · · · · · · · · · · · ·	ILE NOW!!! FEE IS \$150.00			····	T				
	May 1, 2006 Fee Will Be \$550.	00			9. Election Campaign	Ç.	\$5.00 May Be		
	Payable to Florida Department				Trust Fund Contribu	oution.	Added to Fees		
<u> </u>			- I 44	* DOUTION IO	I OFFICE TO OFFICE		7000 111		
10.		ND DIRECTORS	11.	ADDITIONS	CHANGES TO OFFICE	·			
TITLE NAME	PD	☐ Delete	TITLE			☐ Cha	ange 🗌 Addition		
STREET ADDRESS	SMITH, RICAHRD A 1 CAMPUS DRIVE		NAME STREET ADDRESS						
CITY-ST-ZIP	PARSIPPANY NJ 07054		CITY-ST-ZIP						
			· · ·   · · · · · · · · · · · · · · · ·	<del></del>		[] Ob.	Distriction		
TITLE NAME	EVPT	☐ Delete	11TLE NAME			☐ Cha	ange 🔲 Addition		
STREET ADDRESS	WYSHNER, DAVID B		STREET ADDRESS						
CITY-ST-ZIP	PARSIPPANY NJ 07054		CITY-ST-ZIP						
TITLE	EVPD .	☐ Delete	TITLE			☐ Cha	ange 🔲 Addition		
NAME	BUCKMAN, JAMES E	L_1 Delete	NAME			[_] Glid	nige 🗀 Addition		
STREET ADDRESS	9 WEST 57TH STREET		STREET ADDRESS						
CITY-ST-ZIP	NEW YORK NY 10019		CITY-SI-ZIP						
TITLE	EVP	☐ Delete	TITLE			☐ Cha	ange 🔲 Addition		
NAME	HOLMES, STEPHEN P	<u> </u>	NAME						
STREET ADDRESS	1 CAMPUS DRIVE		STREET ADDRESS						
CITY-ST-ZIP	PARSIPPANY NJ 07054		CITY-ST-ZIP						
TITLE	VP	☐ Delete	TITLE			☐ Cha	ange 🔲 Addition		
NAME	HUBER, JOSEPH		NAME				ł		
STREET ADDRESS	1 CAMPUS DR		STREET ADDRESS						
CITY-ST-ZIP	PARSIPPANY NJ 07054		CITY-ST-ZIP						
HILE	EVPS	☐ Delete	TITLE			☐ Cha	ange 🔲 Addition		
NAME	BOCK, ERIC J		NAME						
STREET ADDRESS	9 WEST 57TH STREET, 37TH F	LOOR	STREET ADDRESS	<b>{</b>					

12. 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.

CITY-ST-ZIP

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CITY-ST-ZIP

NEW YORK NY 10019

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**FILED** 

May 02, 2006 8:00 am Secretary of State 05-02-2006 90279 001 \*3,611.25

ATTACHMENT 66013671

**Cendant Mobility Relocation Company** 

DIRECTOR

Andrew L. Stidd

**Director** 

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Global Securitization Services, LLC

114 West 47th Street

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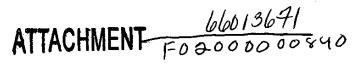
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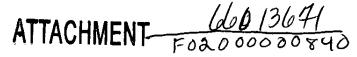
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