2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2004 8:00 am Secretary of State

1. Entity Name BETA REO CORP.	90009 046 ***150.00
Principal Place of Business Mailing Address	
C/O GREENPOINT BANK 90 PARK AVENUE 90 PARK AVENUE NEW YORK, NY 10016 C/O GREENPOINT BANK 90 PARK AVENUE NEW YORK, NY 10016	54016237
2. Principal Place of Business 3. Mailing Address	
Suite, Apt. #, etc. Suite, Apt. #, etc. 02192004 Chg-P	CR2E034 (10/03)
City & State 4. FEI Number 11-3218525	Applied For Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired	\$8.75 Additional
6. Name and Address of Current Registered Agent 7. Name and Address of New Re	gistered Agent
C T CORPORATION SYSTEM	
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Flori	da. I am familiar with, and accept
the obligations of registered agent.	
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
SIGNATURE	DATE
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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: ROLL Transaction ROBERT TRAMANTANO MARCH 1, 2004 2/2-834-1073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone F