


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000001803					
1. Entity Name THE PRICE REIT, INC.					
Principal Place of Business 3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042			Mailing Address 3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-3437944	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May E Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SCHINDLER, MICHAEL		NAME		
STREET ADDRESS	3333 NEW HYDE PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	COOPER, MILTON		NAME		
STREET ADDRESS	3333 NEW HYDE PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	FLYNN, MICHAEL J		NAME		
STREET ADDRESS	3333 NEW HYDE PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	KAUDERER, BRUCE M		NAME		
STREET ADDRESS	3333 NEW HYDE PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	HENRY, DAVID B		NAME		
STREET ADDRESS	3333 NEW HYDE PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	COHEN, GLENN G		NAME		
STREET ADDRESS	3333 NEW HYDE PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **11-3437944** Applied For Not Applied

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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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.

SIGNATURE: _____ **3-17-06** **516-869-9000**