

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90202 034 ***150.00

DOCUMENT # F03000004213

1. Entity Name

NRT NEW YORK, INC.



Principal Place of Business

**339 JEFFERSON ROAD
PARSIPPANY NJ 07054**

Mailing Address

**339 JEFFERSON ROAD
PARSIPPANY NJ 07054**

2. Principal Place of Business

3. Mailing Address

1 Campus Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Parsippany NJ

Zip

Country

Zip

Country

07054

USA

4. FEI Number

13-4199334

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CASEY, DONALD J	
STREET ADDRESS	308 ROUTE 38	
CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE	V	<input type="checkbox"/> Delete
NAME	FREEMAN, THOMAS J	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	SVP, Marketing	<input type="checkbox"/> Delete
NAME	PALMER, JEFFREY	
STREET ADDRESS	339 JEFFERSON ROAD	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	ALEGRE, SERGIO	
STREET ADDRESS	339 JEFFERSON ROAD	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	V	<input type="checkbox"/> Delete
NAME	CADEMATO, MICHAEL	
STREET ADDRESS	339 JEFFERSON ROAD	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	VCIO	<input type="checkbox"/> Delete
NAME	DWYER, TERRY	
STREET ADDRESS	1 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ 07054	

TITLE	Robert M. Becker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President and CEO	
STREET ADDRESS	339 Jefferson Road	
CITY-ST-ZIP	Parsippany NJ 07054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph Huber

Joseph Huber

4-20-04

973496-7471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #