2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006
Secretary of State

DOCUMENT# F04000001409

Entity Name: THE NRT FOUNDATION, INC.

Current Principal Place of Business:

339 JEFFERSON ROAD
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

CENDANT CORPORATION
1 CAMPUS DRIVE
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 20-0755090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GREENE, KEVIN R
Address: 339 JEFFERSON ROAD
City-St-Zip: PARSIPPANY, NJ 07054

Title: DVPS ( ) Delete
Name: HOFFERT, KENNETH D
Address: 339 JEFFERSON ROAD
City-St-Zip: PARSIPPANY, NJ 07054

Title: DVPT ( ) Delete
Name: HUBER, JOSEPH J
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRDR (X) Change ( ) Addition
Name: GREENE, KEVIN R
Address: 339 JEFFERSON ROAD
City-St-Zip: PARSIPPANY, NJ 07054

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change ( ) Addition
Name: HUBER, JOSEPH J
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH J. HUBER VPT 07/17/2006

Electronic Signature of Signing Officer or Director — Date