

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000660

1. Corporation Name

RI5 REAL ESTATE SERVICES, INC.

APPROVED
AND
FILED

95 MAY -1 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001478168
-05/08/95--01017--015

***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/12/1993 3a. Date of Last Report 4/13/94

4. FEI Number 11-2679888 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21. 3 WORLD FINANCIAL CENTER 26. P.O. Box 1527
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. 29A FLOR 27.
City & State City & State
23. NEW YORK NY 28. BOSTON MA
Zip Zip
24. 10285 25. US 29. 02104 30. US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33524

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1. TITLE	P/D ☒ Change ☐ Addition
NAME		12. NAME	PAUL ABBOT
STREET ADDRESS		13. STREET ADDRESS	3 WORLD FINANCIAL CENTER-29A FLOR
CITY, ST, ZIP		14. CITY, ST, ZIP	NEW YORK, NY 10285
TITLE		2. TITLE	V ☒ Change ☐ Addition
NAME		22. NAME	JANET HOYNE
STREET ADDRESS		23. STREET ADDRESS	3 WORLD FINANCIAL CENTER-21A FLOR
CITY, ST, ZIP		24. CITY, ST, ZIP	NEW YORK, NY 10285
TITLE		3. TITLE	S ☒ Change ☐ Addition
NAME		32. NAME	KAREN MANSON
STREET ADDRESS		33. STREET ADDRESS	3 WORLD FINANCIAL CENTER-21A FLOR
CITY, ST, ZIP		34. CITY, ST, ZIP	NEW YORK, NY 10285
TITLE		4. TITLE	T ☒ Change ☐ Addition
NAME		42. NAME	AMY GILFENBAUM
STREET ADDRESS		43. STREET ADDRESS	3 WORLD FINANCIAL CENTER-21A FLOR
CITY, ST, ZIP		44. CITY, ST, ZIP	NEW YORK, NY 10285
TITLE		5. TITLE	AT ☒ Change ☐ Addition
NAME		52. NAME	KENNETH BRADDOCK
STREET ADDRESS		53. STREET ADDRESS	3 WORLD FINANCIAL CENTER-21A FLOR
CITY, ST, ZIP		54. CITY, ST, ZIP	NEW YORK, NY 10285
TITLE		6. TITLE	AT ☐ Change ☒ Addition
NAME		62. NAME	JOSEPH TERNILLO
STREET ADDRESS		63. STREET ADDRESS	31 ST. JAMES AVENUE -6A FLOR
CITY, ST, ZIP		64. CITY, ST, ZIP	BOSTON, MA 02116

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOSEPH TERNILLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. TREASURER
JOSEPH TERNILLO

4/25/95 (617) 350-2062

Date: (Month/Day/Year)