

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0000003

**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90003 018 \*\*\*450.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # F93000000660**

1. Corporation Name  
**RI 5 REAL ESTATE SERVICES, INC.**



Principal Place of Business 3 WORLD FINANCIAL CENTER 29TH FLOOR NEW YORK NY 10285	Mailing Address FIRST DATA INVESTOR SERVICES GROUP P.O. BOX 1527 BOSTON MA 02104 US
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 101 HUDSON STREET Suite, Apt. #, etc. 27 39TH FLOOR City & State 28 JERSEY CITY, NJ Zip Country 29 07302 30 US
--	---

3. Date Incorporated or Qualified 02/12/1993	4. FEI Number 11-2679888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS ST  
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 or 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ODELL, DOREEN	
STREET ADDRESS	3 WORLD FINANCIAL CENTER 29TH FL	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PETROW, DONALD	
STREET ADDRESS	3 WORLD FINANCIAL CENTER 29TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MANSON, KAREN	
STREET ADDRESS	3 WORLD FINANCIAL CENTER 29TH FL	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, MARC	
STREET ADDRESS	3 WORLD FINANCIAL CENTER 29TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	CYNTHIA GRIESINGER	
STREET ADDRESS	53 STATE ST	
CITY-ST-ZIP	BOSTON MA	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	MALACHY, DUFFY	
STREET ADDRESS	53 STATE ST	
CITY-ST-ZIP	BOSTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROCCO F. ANDRIOLA	
1.3 STREET ADDRESS	3 WORLD FINANCIAL CENTER	
1.4 CITY-ST-ZIP	NEW YORK, NY 10285	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JENNIFER MARRE	
3.3 STREET ADDRESS	3 WORLD FINANCIAL CENTER	
3.4 CITY-ST-ZIP	NEW YORK, NY 10285	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KATHRYN M. BOPP FLYNN	
5.3 STREET ADDRESS	101 HUDSON STREET	
5.4 CITY-ST-ZIP	JERSEY CITY, NJ 07302	
6.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	EILEEN M. BANNON	
6.3 STREET ADDRESS	3 WORLD FINANCIAL CENTER	
6.4 CITY-ST-ZIP	NEW YORK, NY 10285	

14. 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 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, with all other like empowered.

SIGNATURE: Eileen M. Bannon ASSISTANT SECRETARY  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 EILEEN M. BANNON  
 Date: 04/20/99 (212) 526-2327  
 Daytime Phone #

CR2E034 (1/1/98)