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

Mailing Address

P.O. BOX 1527

US

BOSTON MA 02104

FIRST DATA INVESTOR SERVICE GROUP

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9300000731

1. Corporation Name

Principal Place of Business

3 WORLD FINANCIAL CTR 29TH FLOOR

NEW YORK NY 10285

RI 3-4 REAL ESTATE SERVICES, INC.

								02/12/1993		
2. Principal Pl	ace of Business	2a.	Mailing Address	~ I ~	τD	<b></b>		4. FEI Number		Applied For
1		26	101 HWDS1	<u> 2 MU</u>	IK			13-3144277		Not Applicable
Suite, Apt.	#, etc.	L	Suite, Apt. #, etc.	LOOR	)			5. Certifcate of Status Desired	<b>+</b>	Additional Required
2		27	<del></del>	LUCK	_					
City & State	•		City & State	·/	N	J		6. Election Campaign Financing		May Be
3		28	JERSEY C	<u>را الر</u>		<u> </u>		Trust Fund Contribution		d to Fees
Zip	Country	$\Box$	Zip	Cou	ntry	5		8. This corporation owes the current year Intar		
4	25	29	01304	30	<u>u</u> :	<u> </u>		reisonal roporty rux.	Yes	□No
	9. Name and Address of Current	Regis	tered Agent		81			10. Name and Address of New Registered A	gent	-,*
THE RESIDENCE WALL CORPORATION OVERTILE INC.						Name				
THE PRENTICE-HALL CORPORATION SYSTEM, INC.					82 Street Address (P.O. Box Number is Not Acceptable)					
1201 HAYS ST										
TALLAHSSEE FL 32301					83					
									85 Zi	p Code
					84	City		FL	65   21	p Code
11 Pursuant	to the provisions of Sections 607 0502	and 6	07 1508 Florida Statu	ites, the a	bove	-named	corpor	ration submits this statement for the purpose of cl	nanging	its registered
office or re	egistered agent, or both, in the State of	HORK	ta. Such change was	autnorized	ועסנ	tne corpo	oration	's board of directors. I hereby accept the appoint	ment as	registered
agent. I ar	n familiar with, and accept the obligation	ns of	, Section 607.0505, FI	orida Stati	utes.					
SIGNATURE								when reinstating) DATE		
	Signature, typed or printed name of registered agent a			E: Registered	Agen	t signature i	equired v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12
12.	OFFICERS AND	DIKE	DELETE	13. 1,1 TI			G	ADDITIONS/CITATIONS TO OTHER AND	Chang	
TITLE	P		D DECE 1E				,	CO F. ANDRIOLA		🖵
NAME	ODELL, DOREEN			1.2 N	_		KU	MODER THANKING CENTER		
STREET ADDRESS	3 WORLD FINANCIAL CTR 29TH	FLU	IOR	13 S	TREET	ADDRESS	3 1	NORLD FINANCIAL CENTER		
CITY-ST-ZIP	NEW YORK NY		·	1.4 C	TY-SI	Γ-ZIP	NE	W YORK, NY 10285	<b>5</b> 01	
TITLE	V		🔀 DELETE	2.1 ∜I	TLE		Y		Chang	ge 🗌 Additio
NAME	BARR, NICOLE			2.2 N	AME			AN B. BERKOWITZ		
STREET ADDRESS	3 WORLD FINANCIAL CTR 29TH	FLO	OR	2.3 S	TREET	ADDRESS	31	NORLD FINANCIAL CENTER		
CITY-ST-ZIP	NEW YORK NY			2.40	ITY-S	T-ZIP	NE	w YORK, NY 10295		
TITLE	S		<b>⊠</b> DELETE	3.1 Ti	TLE		5		Chang	je 🗌 Additio
NAME	MANSON, KAREN			3.2 N	AME		TEN	INIFER MARRE		
STREET ADDRESS	3 WORLD FINANCIAL CTR 29TH	ELO	IOR	3.3 \$	TREET	ADDRESS	2 h	YORLD FINANCIAL CENTER		
	NEW YORK NY	1 20	, O 11		ITY-S		NE	W YORK, NY 10285		
CITY-ST-ZIP	LINEAL LOUK 141		₩ DELETE	4.1 TI		11-ZIF	14-	III IDIAS I I IO EES	Chang	e Additio
TITLE	CILVEDMAN MADO A			4. 2 N					_	
NAME	SILVERMAN, MARC A.	EL 0	AOD.			, YOUGHOU				
STREET ADDRESS	3 WORLD FINANCIAL CTR 29TH	rLU	IUR			ADDRESS				
CITY-ST-ZIP	NEW YORK NY		<b>⊠</b> DELETE	_	TY-SI	r-ZIP	7-		Chang	e Addition
TITLE	AT		M DEFETE	5.1 TI			AT	THRYN M. BOPP FLYNN	E Oriento	,
NAME	CYNTHIA GRIESINGER			5.2 N			100	HUDSON STREET		
STREET ADDRESS	53 STATE ST, BOS 868			1		ADORESS		ENYORK, NY 10285		
CITY-ST-ZIP	BOSTON MA 02109				ITY-S1	T- ZIP	-		520	n Addition
TITLE	AT		<b>∑</b> DELETE	6.1 TI			45		<b>⊠</b> Chang	ge
NAME	MALACHY, DUFFY			6.2 N	AME		EJL	EEN M. BANNON		
STREET ADDRESS				6.3 S	TREET	FADDRESS	3 Y	NORLD FINANCIAL CENTER		
CITY-ST-ZIP	BOSTON MA 02109				ITY- \$1		NE	W YORK, NY 102 <i>95</i>		
44 Lhoroby	actifuthat the information cumplied with	this f	filing does not qualify f	or the exe	mpti	ion state	d in Se	ection 119 07(3)(i) Florida Statutes, I further certi	y that th	e information
								shall have the same legal effect as if made under ed by Chapter 607, Florida Statutes; and that my		
Block 12	or Block 13 if changed, or on an attach	ment	with an address with	all other fil	e er	npowere	ď	TALCT I		• •

NAME OF STENING OFFICER OR DIRECTOR **SIGNATURE:** 

**ASSISTANT** 

**FILED** 

May 14, 1999 8:00 am Secretary of State

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

00/10/1003

=:::

= .... | 141

= 441

**.**;,