$150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -2 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/14/02--01053--005
***1650.00 ****150.00

DOCUMENT # F94000003184

1. Entity Name

Coldwell Banker Real Estate Corp.

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2. Principal Place of Business	3. Mailing Address
6 SYLVAN WAY	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PARSIPPANY, NJ	City & State
Zip: 07054 Country: USA	Zip Country

4. FEI Number 95-3656885 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND RD

City: PLANTATION FL Zip Code: 33324

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D/SEVP
NAME	JAMES E. BUCKMAN
STREET ADDRESS	90. 57TH ST., 37TH FLR
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	D/CH
NAME	RICHARD A. SMITH
STREET ADDRESS	1 CAMPUS DR.
CITY-ST-ZIP	PARSIPPANY, NJ 07054
TITLE	P/CEO
NAME	ALEXANDER E. PERRIELLO III
STREET ADDRESS	1 CAMPUS DR.
CITY-ST-ZIP	PARSIPPANY, NJ 07054
TITLE	EVP/T
NAME	DUNCAN H. COCROFT
STREET ADDRESS	1 CAMPUS DR.
CITY-ST-ZIP	PARSIPPANY, NJ 07054
TITLE	SVP/S
NAME	ERIC J. BOCK
STREET ADDRESS	90. 57TH ST., 37TH FLR
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	VP, TAX
NAME	JOSEPH HUBER
STREET ADDRESS	1 CAMPUS DR.
CITY-ST-ZIP	PARSIPPANY, NJ 07054

TITLE	
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JR 5/9

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Huber Joseph Huber, VP Tax 4/30 973.496-2633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #