2006 FOR, PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2006 8:00 am Secretary of State DOCUMENT # F94000003184 1. Entity Name 05-02-2006 90279 001 *3,611.25 COLDWELL BANKER REAL ESTATE CORPORATION Principal Place of Business Mailing Address 1 CAMPUS DR PARSIPPANY NJ 07054 1 CAMPUS DR PARSIPPANY NJ 07054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 95-3656885 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and fille it applicable (NOTE: Registered Agent signature required when reinstahling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE ☐ Delete TITLE ☐ Change Addition NAME BUCKMAN, JAMES E STREET ADDRESS 9 W 57TH STREET STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10019 CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition MAME SMITH, RICHARD A HAME STREET ADDRESS 1 CAMPUS DR STREET ADDRESS CITY-ST-ZIP PARSIPANY NJ 07054 CITY-ST-ZIP President James R.Gillespie 400 Northridge Rd, Ste 1150 TITLE TITLE Delete Addition NAME NAME PERRIELLO, ALEXANDER E III STREET ADDRESS 1 CAMPUS DRIVE STREET ADDRESS Atlanta, GA 30350 PARSIPPANY NJ 07054 CITY-ST-ZIP CITY-ST-ZIP DITE ☐ Delete TITLE Change ☐ Addition NAME WYSHNER, DAVID B NAME STREET ADDRESS 1 CAMPUS DR STREET ADDRESS PARSIPPANY NJ 07054 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition BOCK, ERIC J NAME NAME 1 CAMPUS DR STREET ADDRESS STREET ADDRESS PARSIPPANY NJ 07054 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition HUBER, JOSEPH NAME NAME 9 W 57TH STREET STREET ADDRESS STREET ADDRESS NEW YORK NY 10019 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

FILED

ATTACHMENT 660/3667 F940 6000 3184

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