

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90005 016 ***150.00

DOCUMENT # F95000005690

1. Corporation Name

CENDANT MOBILITY REAL PROPERTY SERVICES CORPORAT
ION

Principal Place of Business

6 SYLVAN WAY
ATTN: L. BRACKEN
PARSIPPANY NJ 07054
US

Mailing Address

6 SYLVAN WAY
PARSIPPANY NJ 07054
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1995

4. FEI Number

33-0680434

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 42 Old Ridgeway Rd

2a. Mailing Address

26 Suite, Apt. #, etc.
27 LEGAL DEPT

22 City & State

23 Danbury CT

28 City & State

29 Zip Country

24 06810 25 USA

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MONACOL, MICHAEL	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MURPHY, JEANNE M	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KRIDLER, TERRY E	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	DSEP	<input type="checkbox"/> DELETE
NAME	BUCKMAN, JAMES E	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLMES, STEPHEN P	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MONACO, MICHAEL P.
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)