

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000005721**

1. Entity Name

REAL ESTATE SERVICES VII, INC.**FILED****May 11, 2000 8:00 am**
Secretary of State

05-11-2000 90088 001 ***300.00

Principal Place of Business Mailing Address
WORLD FINANCIAL CENTER, 29TH FLOOR 101 HUDSON STREET
NEW YORK NY 10285-2900 TAX DEPT. 39TH FLOOR
JERSEY CITY NJ 07302-3915
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 13-3127697 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDRIOLA, ROCCO F	
STREET ADDRESS	3 WORLD FINANCIAL CENTER, 29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10285-2900	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCDERMOTT, WILLIAM T	
STREET ADDRESS	3 WORLD FINANCIAL CENTER, 29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARRE, JENNIFER	
STREET ADDRESS	3 WORLD FINANCIAL CENTER, 24TH FL	
CITY-ST-ZIP	NEW YORK NY 10285-2900	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BANNON, EILEEN M.	
STREET ADDRESS	3 WORLD FINANCIAL CENTER, 24TH FL	
CITY-ST-ZIP	NEW YORK NY 10285-2900	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARRON, MICHAEL T	
STREET ADDRESS	3 WORLD FINANCIAL CENTER, 29TH FL	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL T MARRON	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	
CITY-ST-ZIP	NEW YORK, NY 10285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHRYN M BOPP-FLYNN	
STREET ADDRESS	101 HUDSON STREET	
CITY-ST-ZIP	JERSEY CITY, NJ 07302	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathryn M Bopp-Flynn KATHRYN M. BOPP-FLYNN 04/12/00 (201) 524-4923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #