

2002 UNIFORM BUSINESS REPORT (UBR)

0573283 AT

DOCUMENT # F96000000786

1. Entity Name
BROWARD RPF III REALTY CORP.

FILED

02 JAN 30 AM 11:57

Principal Place of Business

C/O GE INVESTMENTS
3003 SUMMER STREET
STAMFORD CT 06904

Mailing Address

C/O GE INVESTMENTS
3003 SUMMER STREET
STAMFORD CT 06904

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1445411

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME GIGLIOTTI, ROBERT P
STREET ADDRESS C/O GE INVESTMENTS, 3003 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06904

TITLE Executive Vice President ☐ Change ☒ Addition
NAME Gerald KARR
STREET ADDRESS C/O GE INVESTMENTS, 3003 Summer Street
CITY-ST-ZIP STAMFORD CT 06904

TITLE SVD ☐ Delete
NAME STRONE, MICHAEL J
STREET ADDRESS C/O GE INVESTMENTS, 3003 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT ☐ Delete
NAME HUGHES, ROBERT J
STREET ADDRESS 3003 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME RIORDAN, PHILIP A
STREET ADDRESS 3003 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME SARGENT, PRESTON R
STREET ADDRESS 3003 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME BARRETT, B B
STREET ADDRESS 2029 CENTURY PARK EAST SUITE 1230
CITY-ST-ZIP LOS ANGELES CA 90067

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02

Date

Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 135201 8630A

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : January 29, 2002

ORDER TIME : 9:55 AM

ORDER NO. : 135201-005

CUSTOMER NO: 8630A

CUSTOMER: Mr. Fund Gerpiii
Ge Investment Co. (real Estate
Registered Agent Department
2711 Centreville Rd
Wilmington, DE 19808

RECEIVED
02 JAN 30 AM 11:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: BROWARD RPF III REALTY CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____