

\$150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -2 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006009

1. Entity Name

Cendant Operations, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 Campus Drive

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Parsippany, NJ

City & State

4. FEI Number

22-3544603

Applied For

Not Applicable

Zip

07054

Country

USA

Zip

Country

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

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 S. Pine Island Rd

City

PLANTATION

FL

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HARRY R SILVERMAN
910 5TH ST, 3TH FLOOR
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SEVP
JOHN W. CHIDSEY
654 IVAN WAY
PARSIPPANY, NJ 07054

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
JOSEPH HUBER
1 CAMPUS DR.
PARSIPPANY, NJ 07054

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVP/IS
ERIC J. BOCK
910 5TH ST, 3TH FLOOR
PARSIPPANY, NJ 07054

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V C/D
JAMES E. BUCKMAN
910 5TH ST, 3TH FLOOR
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V C/D
STEPHEN P. HOLMES
1 CAMPUS DR.
PARSIPPANY, NJ 07054

TITLE
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4/30/99

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Huber, V.P. TAX 4/30 973 496-2633

Date

Daytime Phone #

CR2E034B (12/01)