## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT #F98000002048

1. Entity Name

NEWMARK INTERNATIONAL, INC.



## FILED Jan 29, 2007 8:00 am Secretary of State

01-29-2007 90095 040 \*\*\*150.00

Principal Place of Business	Mailing Address				
TWO PERIMETER PARK SOUTH	ONE VALMONT PLAZA	4			
SUITE #475 WEST	5TH FLOOR	_			
BIRMINGHAM, AL 35243 US	OMAHA, NE 68154-5	5215 US	E INGINAN ANN ARIAN	H	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address			ļ	
One Valmont Plaza	Same		£ (001)000 1)10  010   10141 00111 00111 0141 1141 11	II	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	• •	01112007 Chg-P CR2E034 (12/06)		
5th FI			01112007 Chg-P CR2E034 (12700)		
City & State	City & State		4. FEI Number Applied Fo	<b>-</b>	
Omaha NE		T	36-3061181   Not Applic	able	
68154-5215 Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
		Name			
C T CORPORATION SYSTEM		Street Ac	Street Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD   PLANTATION, FL 33324					
		City	FL Zip Code		
the obligations of registered agent.	for the purpose of changing r	ts registered office or	r registered agent, or both, in the State of Florida. I am familiar with, and acc	cepi	
SIGNATURE	ni and trib il annivohio /NC	VF: Pagistered Agent tronglis	ure required when reinstating) DATE	-	
Ogration, typed of printed name of registrone age.	The state is approximate.				
FILE NOW!!! FEE IS \$150.00	9. Election Camp	aign Financing	\$5.00 May Be		
After May 1, 2007 Fee will be \$550	.00 Trust Fund Co	ntribution.	Added to Fees		
10. OFFICERS AN	O DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PCEO					
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NAME   FOUST, EARL	☐ Delete			dition	
NAME FOUST, EARL STREET ADDRESS TWO PERIMETER PARKS, STE	☐ Delete			dition	
l ·	☐ Delete		E. Robert Meaney Change RAd One Valmont Plaza 5th Fl	dition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1-12-07

402-963-1129

☐ Change

☐ Addition