

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90202 035 ***150.00

DOCUMENT # F99000002375

1. Entity Name

NRT COMMERCIAL, INC.



Principal Place of Business

**339 JEFFERSON ROAD
PARSIPPANY NJ 07054**

Mailing Address

**339 JEFFERSON ROAD
PARSIPPANY NJ 07054**

2. Principal Place of Business

3. Mailing Address

1 Campus Drive

Suite, Apt. #, etc.

City & State

Parsippany NJ

Zip

07054

Country

USA

City

Parsippany NJ

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

City

FL

Zip Code

07054

State

NJ

Zip Code

07054

Country

USA

City

Parsippany NJ

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

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USA



MOORE

CR2E034 (11/03)

4. FEI Number

52-2173782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME BUCKMAN, JAMES E
STREET ADDRESS 9 WEST 57TH STREET
CITY-ST-ZIP NEW YORK NY 10019

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

TITLE ☐ Delete
NAME SMITH, RICHARD E
STREET ADDRESS 1 CAMPUS DRIVE
CITY-ST-ZIP PARSIPPANY NJ 07054

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

TITLE ☐ Delete
NAME PCEO
STREET ADDRESS BECKER, ROBERT M
CITY-ST-ZIP 339 JEFFERSON ROAD
PARSIPPANY NJ 07054

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

TITLE ☒ Delete
NAME ~~COGROF, DUNCAN H~~
STREET ADDRESS 1 CAMPUS DRIVE
CITY-ST-ZIP PARSIPPANY NJ 07054

TITLE ☐ Change ☒ Addition
NAME *Sup and Treasurer*
STREET ADDRESS *DAVID B. WYSHNER*
CITY-ST-ZIP *1 Campus Drive*
Parsippany NJ 07054

TITLE ☐ Delete
NAME EVPC
STREET ADDRESS BOCK, ERIC J
CITY-ST-ZIP 9 WEST 57TH STREET
NEW YORK NY 10019

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

TITLE ☐ Delete
NAME EVPH
STREET ADDRESS CONLEY, TERENCE E
CITY-ST-ZIP 1 CAMPUS DRIVE
PARSIPPANY NJ 07054

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Huber

Joseph Huber

4-20-04

973-496-7471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #