


FILED  
Apr 25, 2003 8:00 am  
Secretary of State

04-25-2003 90233 035 \*\*\*150.00

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

<b>DOCUMENT #</b> <u>G 73382</u>			
<b>1. Entity Name</b> <u>Central Florida Title Company</u>			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> <u>27261 Las Ramblas</u> Suite, Apt. #, etc. <u>Suite 213</u> City & State <u>Mission Viejo, CA</u> Zip <u>92961</u> Country <u>USA</u>		<b>3. Mailing Address</b> <u>1 Campus Drive</u> Suite, Apt. #, etc. <u>Parsippany</u> City & State <u>NJ</u> Zip <u>07054</u> Country <u>USA</u>	
		<b>4. FEI Number</b> <u>11016616</u> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		<b>7. Name and Address of Current Registered Agent</b> Name <u>Corporation Service Company</u> Street Address (P.O. Box Number is Not Acceptable) <u>1201 Hays St</u> City <u>Tallahassee</u> <b>FL</b> Zip Code <u>32301</u>	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1 Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>President + CEO</u> <u>Robert M. Becker</u> <u>339 Safferson Rd.</u> <u>Parsippany NJ 07054</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>VP</u> <u>Joseph Huber</u> <u>1 Campus Drive</u> <u>Parsippany, NJ 07054</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>EVP/T</u> <u>Duncan Crockett</u> <u>1 Campus Drive</u> <u>Parsippany, NJ 07054</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>EVP/S</u> <u>Eric Bock</u> <u>9 W 57th St - 37th Fl</u> <u>NY, NY 10019</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>D</u> <u>James Buckman</u> <u>(same as above)</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>D</u> <u>Richard Smith</u> <u>1 Campus Drive</u> <u>Parsippany, NJ 07054</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>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 on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <u>Joseph Huber</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/15/03</u> <u>973-496-7471</u> <small>Date Daytime Phone #</small>	

CR2E034B (12/02)