

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P15030** (0)  
1. Corporation Name  
**REAL ESTATE SERVICES I INC.**



Principal Place of Business: **3 WORLD FINANCIAL CENTER, 29TH FLOOR, NEW YORK NY 10285 US**  
Mailing Address: **C/O THE SHAREHOLDER SERVICES GROUP, P.O. BOX 1527, BOSTON MA 02104 US**

3. Date Incorporated or Qualified: **06/30/1987**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26 First Data Investor Services Group**  
Suite, Apt. #, etc.: **27**  
City & State: **28**  
Zip: **29** Country: **30**

4. FEI Number: **04-2700809**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Asst Treasurer</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TERNULLO, JOSEPH</b>	1.2 NAME	<b>Cynthia Griesinger</b>
STREET ADDRESS	<b>31 ST. JAMES AVENUE-6TH FLOOR</b>	1.3 STREET ADDRESS	<b>31 ST JAMES AVE, 6th Floor</b>
CITY-ST-ZIP	<b>BOSTON MA</b>	1.4 CITY-ST-ZIP	<b>Boston, MA 02116</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABBOTT, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>3 WORLD FINANCIAL CENTER-29TH FLOOR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILFENBAUM, AMY</b>	3.2 NAME	
STREET ADDRESS	<b>3 WORLD FINANCIAL CENTER- 29TH FLOOR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK, NY 10285</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANSON, KAREN</b>	4.2 NAME	
STREET ADDRESS	<b>3 WORLD FINANCIAL CENTER-29TH FLOOR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREIG, JIM</b>	5.2 NAME	
STREET ADDRESS	<b>388 GREENWICH STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAULFIELD, WILLIAM</b>	6.2 NAME	
STREET ADDRESS	<b>3 WORLD FINANCIAL CENTER-29TH FLOOR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cynthia Griesinger **Cynthia Griesinger** 4/25/96 (617) 350-2103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)