

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P15030 (0)**

1. Corporation Name  
**REAL ESTATE SERVICES I INC.**



Principal Place of Business <b>3 WORLD FINANCIAL CENTER                  29TH FLOOR                  NEW YORK NY 10285                  US</b>	Mailing Address <b>FIRST DATA INVESTOR SERVICES GROUP                  P.O. BOX 1527                  BOSTON MA 02104-1527                  US</b>
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3. Date Incorporated or Qualified <b>06/30/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>04-2700809</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	25 Country	28 Zip	30 Country

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name <b>The Prentice-Hall Corporation System, Inc</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hay Street</b> 83 84 City <b>Tallahassee</b> FL 85 Zip Code <b>32301</b>
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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 **David W. Nickelsen** *[Signature]* **4/24/97**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input 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>53 STATE STREET, BOS 710</b>
CITY-ST-ZIP	<b>BOSTON MA</b>	1.4 CITY-ST-ZIP	<b>BOSTON, MA 02109</b>
TITLE	PD <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	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILFENBAUM, AMY</b>	3.2 NAME	<b>NIGEL WALKER</b>
STREET ADDRESS	<b>3 WORLD FINANCIAL CENTER- 29TH FLOOR</b>	3.3 STREET ADDRESS	<b>3 WORLD FINANCIAL CENTER, 29TH FLOOR</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10285</b>	3.4 CITY-ST-ZIP	<b>NEW YORK, NY 10285</b>
TITLE	S <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	V <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	V <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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **CYNTHIA GRIESINGER** **4/23/97** **(617) 573-1103**

CR2E034 (9/96)