

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90214 031 ***150.00

DOCUMENT # P33654

1. Entity Name
BEAR STEARNS REALTY PARTNERS CORPORATION



Principal Place of Business

**383 MADISON AVENUE
NEW YORK, NY 10179 US**

Mailing Address

**115 S. JEFFERSON ROAD
ATTN: NANCY LOPEZ
WHIPPANY, NJ 07981 US**

94070783



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number
13-3542026

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**COBD
FORDYCE, DONALDA
383 MADISON AVENUE
NEW YORK, NY 10179** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Thomas M. Flexner
383 Madison Avenue
New York, NY 10179-0024** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**COOD
CUMMINS, GERALD R JR
383 MADISON AVENUE
NEW YORK, NY 10179** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
William H. Hayden
383 Madison Avenue
New York, NY 10179-0024** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
ROSE, RALPH W.
383 MADISON AVENUE
NEW YORK, NY 10179** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**EVPD
FOX, PETER B.
THREE FIRST NATIONAL PLAZA
CHICAGO, IL** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
LEHMAN, MARK E.
383 MADISON AVENUE
NEW YORK, NY 10179** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
Michael S. Solender
383 Madison Avenue
New York, NY 10179-0024** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
MOLINARO, SAMUEL L JR
383 MADISON AVENUE
NEW YORK, NY 10179** ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ralph W. Rose
President**

04/19/04 212-272-2000

Date

Daytime Phone #