

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

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



03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE D
NAME FLEXNER, THOMAS M
STREET ADDRESS 383 MADISON AVENUE
CITY-ST-ZIP NEW YORK, NY 101790024

TITLE D
NAME HAYDEN, WILLIAM H
STREET ADDRESS 383 MADISON AVENUE
CITY-ST-ZIP NEW YORK, NY 101790024

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

TITLE S
NAME SOLENDER, MICHAEL S
STREET ADDRESS 383 MADISON AVENUE
CITY-ST-ZIP NEW YORK, NY 101790024

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000717634
04/30/07-80055-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Ralph W. Rose, President** **04/4/2007** **212-272-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #