

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90043 003 \*\*\*150.00

**DOCUMENT # P35503**  
 1. Entity Name  
 CSFB REALTY CORP.



Principal Place of Business: 11 MADISON AVENUE, NEW YORK, NY 10010 US  
 Mailing Address: 11 MADISON AVENUE, ATTN: CORPORATE TAX DEPT, NEW YORK, NY 10010 US

**54009899**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

01092004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: 13-2791329  
 Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE: VP	<input type="checkbox"/> Delete
NAME: FLYNN, EDWARD W	
STREET ADDRESS: 11 MADISON AVENUE	
CITY-ST-ZIP: NEW YORK, NY 10010	
TITLE: D	<input type="checkbox"/> Delete
NAME: GRYGIEL, CHRISTINE A	
STREET ADDRESS: 11 MADISON AVENUE	
CITY-ST-ZIP: NEW YORK, NY 10010	
TITLE: D	<input type="checkbox"/> Delete
NAME: TERRY, LUTHER L JR	
STREET ADDRESS: 11 MADISON AVENUE	
CITY-ST-ZIP: NEW YORK, NY 10010	
TITLE: D	<input type="checkbox"/> Delete
NAME: FEDERBUSCH, ANDREW B	
STREET ADDRESS: 11 MADISON AVENUE	
CITY-ST-ZIP: NEW YORK, NY 10010	
TITLE: S	<input type="checkbox"/> Delete
NAME: RUSSO, LORI M	
STREET ADDRESS: 11 MADISON AVENUE	
CITY-ST-ZIP: NEW YORK, NY 10010	
TITLE: AS	<input type="checkbox"/> Delete
NAME: MATTY, RHONDA G	
STREET ADDRESS: 1 MADISON AVE	
CITY-ST-ZIP: NEW YORK, NY 10010	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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 other like empowered.

SIGNATURE: Edward W. Flynn **Ed. Edward W. Flynn** 2/11/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #