2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# P94000080854

Entity Name: RESORTS TITLE INC.

Current Principal Place of Business:

8427 SOUTH PARK CIRCLE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

1 CAMPUS DRIVE
3B LEGAL DEPARTMENT
PARSIPPANY, NJ 07054 US

New Mailing Address:

1 CAMPUS DRIVE
3B, LEGAL DEPARTMENT
PARSIPPANY, NJ 07054 US

FEI Number: 65-0532714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: HUBER, JOSEPH
Address: 1 CAMPUS DR
City-St-Zip: PARSIPPANY, NJ 07054

Title: P ( ) Delete
Name: HANNING, FRANZ
Address: 8427 SOUTH PARK CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: CCEO ( ) Delete
Name: HOLMES, STEPHEN P
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: EVPS ( ) Delete
Name: BOCK, ERIC J
Address: 9 W. 57TH ST., 37TH FL
City-St-Zip: NEW YORK, NY 10019

Title: DEVP ( ) Delete
Name: BUCKMAN, JAMES E
Address: 9 W. 57TH, 37TH FL
City-St-Zip: NEW YORK, NY 10019

Title: D ( ) Delete
Name: WYSHNER, DAVID
Address: 1 CAMPUS DR
City-St-Zip: PARSIPPANY, NJ 07054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: HUBER, JOSEPH
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D/T (X) Change ( ) Addition
Name: WYSHNER, DAVID
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN A. FELDMAN VP 01/08/2004
Electronic Signature of Signing Officer or Director Date