

FILED
May 27, 2003 8:00 am
Secretary of State

04-28-2003 91436 034 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 194000080854 ✓			
1. Entity Name Resorts Title, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 8427 South Park Circle Suite, Apt. #, etc. City & State Orlando, FL Zip 32819		3. Mailing Address 1 Campus Drive Suite, Apt. #, etc. 3B Legal Department City & State Parsippany, NJ Zip 07054	
		4. FEI Number 65-0532714	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
City Tallahassee			
FL Zip Code 32301			
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 <i>Maurice Cullen, Asst. V.P.</i> DATE <i>5/25/03</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE Director/EVP NAME James E. Buckman STREET ADDRESS 9 West 57th Street, 37th Fl CITY-ST-ZIP New York, NY 10019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE Director NAME David B. Wyshner STREET ADDRESS 1 Campus Drive CITY-ST-ZIP Parsippany, NJ 07054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE Chairman/CEO NAME Stephen P. Holmes STREET ADDRESS 1 Campus Drive CITY-ST-ZIP Parsippany, NJ 07054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE President NAME Franz S. Hanning STREET ADDRESS 8427 South Park Circle CITY-ST-ZIP Orlando, FL 32819		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE Vice President NAME Joseph Huber STREET ADDRESS 1 Campus Drive CITY-ST-ZIP Parsippany, NJ 07054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE EVP/Secretary NAME Eric J. Bock STREET ADDRESS 9 West 57th Street, 37th Floor CITY-ST-ZIP New York, NY 10019		TITLE 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)(j), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Joseph Huber</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Joseph Huber, VP <i>4/18/03</i> Date Daytime Phone #	

CR2E034B (12/02)