

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006060

FILED  
May 02, 2006  
Secretary of State

Entity Name: CASTLE POINT MORTGAGE, INC.

**Current Principal Place of Business:**

6085 MARSHALEE DR  
ELKRIDGE, MD 21075

**New Principal Place of Business:**

**Current Mailing Address:**

6 CAMPUS DR  
PARSIPPANY, NJ 07054

**New Mailing Address:**

7 ENTIN ROAD  
PARSIPPANY, NJ 07054

FEI Number: 72-1521765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: INFANTINO, GERALD  
Address: 323 N. SCOTCH PLAINS AVE  
City-St-Zip: WESTFIELD, NJ 07090

Title: VD ( ) Delete  
Name: VANDERBILT, STEVEN  
Address: 2 ROSYLIN WAY  
City-St-Zip: MENDHAM, NJ 07945

Title: SVD ( ) Delete  
Name: INFANTINO, CHRISTOPHER  
Address: 8897 PAPILLON DRIVE  
City-St-Zip: ELLICOTT CITY, MD 21043

Title: VT ( ) Delete  
Name: HANKE, DOUGLAS W  
Address: 56 SENECA TRAIL  
City-St-Zip: WAYNE, NJ 07470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GERALD INFANTINO

PD

05/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date