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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:46

DOCUMENT # **F93000004256 (4)**

1. Corporation Name
GF MORTGAGE CORP.

Principal Place of Business	Mailing Address
14 WALL STREET NEW YORK NY 10005	% GRUNTAL & CO. INCORPORATED 14 WALL STREET NEW YORK NY 10005 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/20/1993	3a. Date of Last Report: 03/17/1994
4. FEI Number: 22-3256427	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SILVERMAN, HOWARD	12 NAME		
STREET ADDRESS	100 BAYPORT LANE	13 STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK NY 11023	14 CITY-ST-ZIP		
TITLE	EVP	21 TITLE	Vice President	☒ Change ☒ Addition
NAME	BAO, EDWARD E	22 NAME	Barry Feldman	
STREET ADDRESS	2 AZALEA LANE	23 STREET ADDRESS	4 Campus Drive	
CITY-ST-ZIP	RUMSON NJ	24 CITY-ST-ZIP	Parsippany, NJ 07054	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	HEST, LIONEL G	32 NAME		
STREET ADDRESS	450 WEST END AVE	33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10024	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	GIRONTA, MICHAEL	42 NAME		
STREET ADDRESS	89 RIDGEWOOD AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	GLEN RIDGE NJ 07028	44 CITY-ST-ZIP		
TITLE	EVP	51 TITLE		☐ Change ☐ Addition
NAME	RICHTER, BARRY	52 NAME		
STREET ADDRESS	32 ANGLE LANE	53 STREET ADDRESS		
CITY-ST-ZIP	PORT WASHINGTON NY	54 CITY-ST-ZIP		
TITLE	EVPD	61 TITLE		☐ Change ☐ Addition
NAME	WALSH, ROBERT	62 NAME		
STREET ADDRESS	FAIRCHILD LANE	63 STREET ADDRESS		
CITY-ST-ZIP	NEW VERNON NJ	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Michael Gironta 1/12/95 (212) 267-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000001 CP