

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000004256 (4)

1. Corporation Name

~~GF MORTGAGE CORP.~~ GF MORTGAGE CORP.



Principal Place of Business

14 WALL STREET
NEW YORK NY 10005

Mailing Address

% GRUNTAL & CO. INCORPORATED
14 WALL STREET
NEW YORK NY 10005
US

2. Principal Place of Business

2a. Mailing Address

21 4 Campus Drive

26 4 Campus Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Parsippany NJ

28 Parsippany NJ

Zip

Country

Zip

Country

24 07054 25 USA

29 07054 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/20/1993

3a. Date of Last Report

01/20/1995

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

10. Name and Address of New Registered Agent

81 Name

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

83 300001914413

-08/06/96--01157--005

84 City

***225.00

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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director of corporation

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	SILVERMAN, HOWARD	
STREET ADDRESS	100 BAYPORT LANE	
CITY-ST-ZIP	GREAT NECK NY 11023	
TITLE	V	☒ DELETE
NAME	FELDMAN, BARRY	
STREET ADDRESS	4 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	SD	☒ DELETE
NAME	HEST, LIONEL G	
STREET ADDRESS	450 WEST END AVE	
CITY-ST-ZIP	NEW YORK NY 10024	
TITLE	TD	☒ DELETE
NAME	GIRONTA, MICHAEL	
STREET ADDRESS	89 RIDGEWOOD AVENUE	
CITY-ST-ZIP	GLEN RIDGE NJ 07028	
TITLE	EVP	☒ DELETE
NAME	RICHTER, BARRY	
STREET ADDRESS	32 ANGLE LANE	
CITY-ST-ZIP	PORT WASHINGTON NY	
TITLE	EVPD	☐ DELETE
NAME	WALSH, ROBERT	
STREET ADDRESS	FAIRCHILD LANE	
CITY-ST-ZIP	NEW VERNON NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☐ Change ☒ Addition
1.2 NAME	Fred Schlesinger	
1.3 STREET ADDRESS	120 Grandview Ave.	
1.4 CITY-ST-ZIP	North Caldwell, NJ 07006	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	John Isbrandtsen	
2.3 STREET ADDRESS	37 Ralsey Road South	
2.4 CITY-ST-ZIP	Stamford, CT 06902	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	Arnold J. Cohn	
3.3 STREET ADDRESS	21 Clover Hill Dr.	
3.4 CITY-ST-ZIP	Flanders, NJ 07836	
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	James Walsh	
4.3 STREET ADDRESS	10 Sherwood Court	
4.4 CITY-ST-ZIP	Warren, NJ 07052	
5.1 TITLE	V	☐ Change ☒ Addition
5.2 NAME	Arthur E. Gilgar	
5.3 STREET ADDRESS	16 Spruce Road	
5.4 CITY-ST-ZIP	North Caldwell, NJ 07006	
6.1 TITLE	P/D	☒ Change ☐ Addition
6.2 NAME	Robert Walsh	
6.3 STREET ADDRESS	46 Laura Lane	
6.4 CITY-ST-ZIP	Harding, NJ 07960	

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)(k), 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:

Arnold Cohn, VP

8/1/96

(201)285-4415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAY MONTH YEAR

CR2E034 (12/95)