

05-08-2002 90141 042 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F910000003312**
 1. Entity Name
MORTGAGE IT, Inc.

653208

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 133 Maiden Lane		3. Mailing Address 33 Maiden Lane	
Suite, Apt. #, etc. 6th Floor		Suite, Apt. #, etc. 6th Floor	
City & State New York NY		City & State New York NY	
Zip 10038	Country US	Zip 10038	Country US

DO NOT WRITE IN THIS SPACE

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4. FEI Number 13409218	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> -\$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

Name Blumberg Executor Corporate Services Inc.
Street Address (P.O. Box Number is Not Acceptable) 4435 Old Winter Garden Road
City Orlando FL Zip Code 32811

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Mark C. Pappas 719 Greenwich Street New York, NY 10014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D/CEO Doug W. Nardus 225 West 83 Street New York, NY 10024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F Philip Kukafka 49 Eileen Ave. Plainville, NY 11803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fred A. Assenheimer 5 Indian Lane Florham Park, NJ 07932	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Morocco 25 East End Ave. 14F New York, NY 10028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/22/02** Daytime Phone #: **(212) 651-7050**

CR2E034B (12/01)