

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000003410
 1. Entity Name
 EQUITY SETTLEMENT SERVICES, INC.



Principal Place of Business Mailing Address
 444 ROUTE 111 444 ROUTE 111
 SMITHTOWN, NY 11787 SMITHTOWN, NY 11787

DO NOT WRITE IN THIS SPACE

08052004 No Chg-P CR2E034 (10/03)

4. FEJ Number Applied For
 11-3429460 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FERRARO, CHARLES P 159 WEST BAYBERRY ROAD ISLIP, NY 11751 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DELISLE, CHRISTOPHER 47 COMMUNITY ROAD BAY SHORE, NY 11706 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HART, JOHN W 8 MANISTER LN EAST ISLIP, NY 11730 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 08/09/04-80004-005 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John W Hart John W Hart 8/5/04 631 370-1127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #