

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002220

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: FIRST HALLMARK MORTGAGE CORPORATION

**Current Principal Place of Business:**

2 EXECUTIVE DR SUITE 140  
SOMERVILLE, NJ 08873

**New Principal Place of Business:**

**Current Mailing Address:**

2 EXECUTIVE DR SUITE 140  
SOMERVILLE, NJ 08873

**New Mailing Address:**

FEI Number: 22-3682843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLORIDA COMPLIANCE SPECIALISTS, INC.  
2331 HANSEN PLACE  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: VISCARIELLO, BRUNO P  
Address: 4 POWELSON DR  
City-St-Zip: HILLSBOROUGH, NJ 08804

Title: EXEC ( ) Delete  
Name: TYLUTKI, JOHN E  
Address: 308 SEABRIGHT RD  
City-St-Zip: FORKED RIVER, NJ 08731

Title: SRVP ( ) Delete  
Name: HOW, THOMAS J  
Address: 263  
City-St-Zip: BLOOMSBURY CT, NJ 08873

**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:

I hereby certify that the information supplied with this filing does not qualify 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: BRUNO P VISCARIELLO

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date