2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# F01000002851

Entity Name: PROFESSIONAL MORTGAGE BANKERS CORP.

Current Principal Place of Business:

400 POST AVE.
SUITE 400
WESTBURY, NY 11590

New Principal Place of Business:

400 POST AVE.
SUITE 410
WESTBURY, NY 11590

Current Mailing Address:

400 POST AVE.
SUITE 400
WESTBURY, NY 11590

New Mailing Address:

400 POST AVE.
SUITE 410
WESTBURY, NY 11590

FEI Number: 11-2990329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
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: PD ( ) Delete
Name: WELLEN, NORMAN I
Address: 400 POST AVE.
City-St-Zip: WESTBURY, NY 11590

Title: S ( ) Delete
Name: WELLEN, JANICE K
Address: 400 POST AVE.
City-St-Zip: WESTBURY, NY 11590

Title: T ( ) Delete
Name: FIGLIA, DONNA M
Address: 400 POST AVE.
City-St-Zip: WESTBURY, NY 11590

Title: V ( ) Delete
Name: WELLEN, JUSTIN H
Address: 400 POST AVE
City-St-Zip: WESTBURY, NY 11590

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:

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: DONNA FIGLIA T 02/03/2009

Electronic Signature of Signing Officer or Director — Date