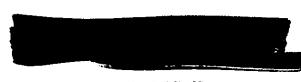
## FILED May 27, 2002 8:00 am Secretary of State 05-27-2002 90327 012 \*\*\*150.00 2002 UNIFORM BUSINESS REPORT (UBR) E0100003547 **DOCUMENT #**



. Entity Name	RT MORTGAGE.NET, IN	3.			03-27-2002 503	,27 012 13	0.00
Principal Place of Business Mailing Address  1988 NEW YORK AVE. PO BOX 595  HUNTINGTON STATION NY 11746 DEER DARK NY 11729			<b>J</b>		V t	<b></b>	
2. Principal Pla	ace of Business	3. Mailing Address			-		2
Suite, Apt. 4	Suite, Apt. #, etc.  Suite, Apt. #, etc.				DO NOT WRITE IN TI	HIS SPACE	
City & State City & State			· · · · · · · · · · · · · · · · · · ·	4. FEI Number 22-3598959 Applied For Not Applicable			
. Zip -		Zip	-Country	<b>5</b> . Ce	ertificate of Status Desired	\$6.75 Acq Fee Required	
	6. Name and Address of Curre	ent Registered Agent	Name	7. Na	me and Address of New Register	red Agent	
EIDELKIND, WALTER 19717 BOCA WEST DR. BOCA RATON FL 33434				Street Address (P.O. Box Number is Not Acceptable)			
BUCA HA	ION FL 33434		City			FL Zip Code	9
9. This corpo	Signature, typed or printed name of registered to praction is eligible to satisfy its Intangle equirement and elects to do so, in on back)	ible FILE NOW	E. Registared Agont signatu III. FEE IS \$150.0 102 Fee will be \$50 ble to Department	0 4 50.00	10. Election Campaign Financing Trust Fund Contribution.		<b>0</b> May Be I to Fees
11.	OFFICERS A	ND DIRECTORS	12.	ADD	ITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	PCDT EIDELKIND, WALTER 63 OLD BROOK RD. DIX HILLS NY	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALTMAN, LAURIE 12141 WOODSYDE CT. OWINGS MILLS MD	☐ Delete	THLE NAME STREET ADDRESS CHY-ST-ZIP	. <b>.</b>	يادم - ۱۰۰ مسيسيد	☐ Change	Addition
NAME STREET ADDRESS CHY-ST-ZIP		Delete	TITLE NAME STRIET ADDRESS CHY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SF-ZIP		☐ Ociete	TITLE: NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ITILE NAME STREET AUDRESS CITY-ST-ZIP			[] Change	[] Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	ITTLE NAME STREEL ADDRESS COY-SI-ZIP			[] Change	☐ Addition

<sup>13.</sup> Thereby certify that the information supplied with this filling 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 significant shall have the same logal effect as if made under oath; that Lam 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.