
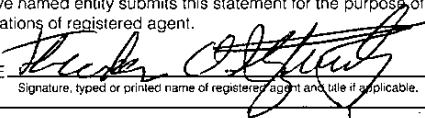
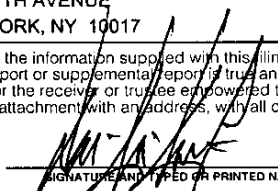


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90031 017 ***150.00

DOCUMENT # F02000002362 1. Entity Name IDB MORTGAGE CORP.					
Principal Place of Business 511 FIFTH AVENUE NEW YORK, NY 10017			Mailing Address 511 FIFTH AVENUE ATTN: LEGAL DEPARTMENT NEW YORK, NY 10017		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-4175802	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ISRAEL DISCOUNT BANK OF NEW YORK 2875 N.E. 191ST STREET AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Israel Discount Bank of New York Street Address (P.O. Box Number is Not Acceptable) 18851 N.E. 29th Avenue City Aventura FL 33180		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> Theodore D. Itzkowitz, Secretary <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> DATE 1/10/05 </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHANG, WEN-CHI 511 FIFTH AVENUE NEW YORK, NY 10017	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPPELLO, PAULA 511 FIFTH AVENUE NEW YORK, NY 10017	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO VOLPE, MICHAEL 511 FIFTH AVENUE NEW YORK, NY 10017	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, CHET 511 FIFTH AVENUE NEW YORK, NY 10017	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BAUM, LISSA 511 FIFTH AVENUE NEW YORK, NY 10017	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSVP SNYDER, HARVEY 511 FIFTH AVENUE NEW YORK, NY 10017	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SEVP Leonard W. Greer 511 Fifth Avenue, New York, NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SVP Herbert Fried 18851 N.E. 29th Ave., Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Wen-Chi Chang, Assistant Secretary 1/6/05 212 551-8907			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

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01032005 Chg-P CR2E034 (10/03)