

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000001206

FILED
Mar 02, 2005
Secretary of State

Entity Name: CUSTOM FUNDING CORPORATION

Current Principal Place of Business:

500 NORTH BROADWAY
JERICHO, NY 11753

New Principal Place of Business:

436 WILLIS AVENUE
SUITE 1
WILLISTON PARK, NY 11596

Current Mailing Address:

500 NORTH BROADWAY
JERICHO, NY 11753

New Mailing Address:

436 WILLIS AVENUE
SUITE 1
WILLISTON PARK, NY 11596

FEI Number: 11-3274691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN ST.
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: KAREN MCKEOWN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ODIERNA, LUDWIG
Address: 231 MINEOLA BOULEVARD
City-St-Zip: MINEOLA, NY 11501

Title: DVS () Delete
Name: ODIERNA, URSULA
Address: 231 MINEOLA BOULEVARD
City-St-Zip: MINEOLA, NY 11501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: ODIERNA, LUDWIG
Address: 436 WILLIS AVENUE
City-St-Zip: WILLISTON PARK, NY 11596

Title: DVS (X) Change () Addition
Name: ODIERNA, URSULA
Address: 436 WILLIS AVENUE
City-St-Zip: WILLISTON PARK, NY 11596

I hereby certify that the information supplied with this filing does not qualify for the 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 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: URSULA M. ODIERNA

DVS

03/02/2005

Electronic Signature of Signing Officer or Director

Date