



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90047 001 ***300.00

DOCUMENT # F03000002496 1. Entity Name EMIGRANT FUNDING CORPORATION					
Principal Place of Business 5 EAST 42ND STREET NEW YORK, NY 10017			Mailing Address 5 EAST 42ND STREET NEW YORK, NY 10017		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-3465439	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALD, RICHARD 5 EAST 42ND STREET NEW YORK, NY 10017	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLLNSTEINER, PETER 5 EAST 42ND STREET NEW YORK, NY 10017	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HICKEY, DANIEL C 5 EAST 42ND STREET NEW YORK, NY 10017	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAY, FRANCIS 5 EAST 42ND STREET NEW YORK, NY 10017	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GOLDSMITH, STEPHEN 5 EAST 42ND STREET NEW YORK, NY 10017	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, JOHN 5 EAST 42ND STREET NEW YORK, NY 10017	<input type="checkbox"/> Delete			
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:  6/22/04 (212)850-4851 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Daniel Hickey/Secretary					

66430009



06222004 Chg-P CR2E034 (10/03)

Attachment
#FO2000004317 & FO3000002496 66430009

EMIGRANT
SAVINGS BANK

5 EAST 42ND STREET, NEW YORK, N.Y. 10017

MIGDALIA RIVERA
Paralegal
(212) 850-4425

July 13, 2004

VIA FEDERAL EXPRESS

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

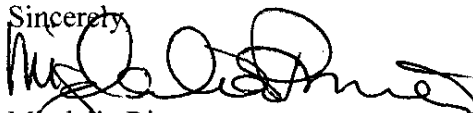
RE: Emigrant Funding Corporation
Emigrant Mortgage Company, Inc.

Dear Sir/Madam:

Enclosed please find the above-referenced entities' fully executed 2004 For Profit Corporation Annual Report Form, as well as check number 385876981, for a total of three hundred dollars to cover said entities' filing fees.

Should you have any questions, please feel free to contact me at the number listed above. Thank you for your attention to this matter.

Sincerely,



Migdalia Rivera

Enc.