2005 FOR PROFIT CORPORATION

FILED Jul 15, 2005 8:00 am Secretary of State

| ANNUAL REPORT | | | | | | | | Secretary of State | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------|------------------------------------------|--------------|---------------|-------------------------------|---------|---------------------------------------------------------------------------------------------------------------------|---------------------|---------------|-----------------------------|-----------------|
| DOCUMENT # F03000002496 | | | | | | | | 07-15-2005 90023 022 ***150.00 | | | | |
| 1. Entity Name EMIGRANT FUNDING CORPORATION | | | | | | | | | | | | |
| Principal Place of Business | | | Mailing Address | | | - | | ยองหอบบร | | | | |
| 5 EAST 42ND STREET NEW YORK, NY 10017 | | | 5 EAST 42ND STREET New York, Ny 10017 | | | | | | | | | |
| , , , , , , , , , , , , , , , , , , , , | | | | | | | |) IDAMAA MA | ATTEN IND AND ATTEN | Tin Tiri Tiri | I MITIN BIŞIR IBIND BI | 11 6 B) |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 06302005 | Chg-P | CR2E | E034 (10/03) | |
| City & State | | | Cit | City & State | | | | 4. FEI Number Applied For 13-3465439 Not Applied | | | oplied For ot Applicable | |
| Zip | Zip Country | | Zip | Zip | | Country | | 5. Certificate | of Status Desired | | \$8.75 Add | |
| 6. Name and Address of Current R | | | | red Agent | | NI | | 7. Name and | Address of New | Registere | d Agent | |
| C T CORPORATION SYSTEM | | | | | | Name | | | | | | |
| 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | | | | (ddress | P.O. Box Number | er is Not Acceptab | oie) | | |
| | | | 0.1 | | *** | | | - 1 | | | | |
| City | | | | | | | | | | F | - 1 | |
| 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 | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature require | | | | | | | | | | DATE | | - |
| | | | | | | | | .00 May Be led to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | |
| 10. | | OFFICERS AND | DIRECT | | 11. | | | ADDITIONS/ | CHANGES TO OF | FICERS A | | |
| NAME STREET ADDRESS CITY-ST-ZIP | 1 | ICHARD 2ND STREET RK, NY 10017 | | □ Delete | | | | | | | ☐ Change | Addition |
| TITLE NAME | V HOLLNSTEINER, PETER | | | ☐ Delete | | : E | | | | | Change | Addition |
| STREET ADORESS CITY-ST-ZIP | 5 EAST 42ND STREET NEW YORK, NY 10017 | | | | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE | S HICKEY, DANIEL C | | | ☐ Delete | | | | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | s 5 EAST 42ND STREET | | | | | NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | NEW YORK, NY 10017 | | | ☐ Delete | | CTTY-ST-ZIP | | | | | ☐ Change | Addition |
| NAME | MAY, FRANCIS | | | | | NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 5 EAST 42ND STREET NEW YORK, NY 10017 | | | | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME | C | ITU ČTEDUENI | | Delete | IIILE | | ÇEO | | | | ☐ Change | Addition |
| STREET ADDRESS | EET ADDRESS 5 EAST 42ND STREET | | | | | NAME Street address | | es Woolsey ast 42nd Street | | | | |
| CITY+ST+ZIP | NEW YORK, NY 10017 | | | [7] n | | -ST-ZIP | | NY 100 | | | Channe | ☐ Addista- |
| NAME | ME HART, JOHN | | ☐ Delete | | TITLE NAME | | | | | | ☐ Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | ſ | 2ND STREET RK, NY 10017 | | | | et address • St-Zip | | | | | | |
| | | | | | _ | | | | | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPTOR

6/30/05

(212) 850-4851

Daytime Phone #