


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90024 046 \*\*\*150.00

<b>DOCUMENT # F03000002496</b>					
1. Entity Name <b>EMIGRANT FUNDING CORPORATION</b>					
Principal Place of Business <b>5 EAST 42ND STREET NEW YORK, NY 10017</b>			Mailing Address <b>5 EAST 42ND STREET NEW YORK, NY 10017</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>13-3465439</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		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	DPCO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALD, RICHARD		NAME		
STREET	5 EAST 42ND STREET		STREET		
ADDRESS	NEW YORK, NY 10017		ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLNSTEINER, PETER		NAME		
STREET	5 EAST 42ND STREET		STREET		
ADDRESS	NEW YORK, NY 10017		ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HICKEY, DANIEL C		NAME		
STREET	5 EAST 42ND STREET		STREET		
ADDRESS	NEW YORK, NY 10017		ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAY, FRANCIS		NAME		
STREET	5 EAST 42ND STREET		STREET		
ADDRESS	NEW YORK, NY 10017		ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HART, JOHN		NAME		
STREET	5 EAST 42ND STREET		STREET		
ADDRESS	NEW YORK, NY 10017		ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DCEO	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOLSEY, JAMES		NAME	DCEO	
STREET	5 EAST 42ND STREET		STREET	JACOB, SAMUEL	
ADDRESS	NEW YORK, NY 10017		ADDRESS	5 EAST 42ND STREET	
CITY-ST-ZIP			CITY-ST-ZIP	NEW YORK, NY 10017	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Richard Wald</u> <u>Richard Wald / President</u> <u>3/17/08</u> <u>(22) 850-4000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**50000079**

**(F03000002496P)**

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