2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001660

Entity Name: FIRST MUTUAL CORP

FILED Mar 23, 2009 Secretary of State

Littly Na	IIIe. FIROTIW	OTOAL CORP.				
Current P	Principal Place	e of Business:	New Prin	New Principal Place of Business:		
	YWOOD AVE HILL, NJ 0800		SUITE 20	523 HOLLYWOOD AVE. SUITE 207 CHERRY HILL, NJ 08002		
Current M	Mailing Addre	ss:	New Mail	New Mailing Address:		
P.O BOX 8 CHERRY	8443 HILL, NJ 0800)2				
FEI Number: 21-0727447 FEI Number Applied For () FEI N			FEI Number Not App	plicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	d Address o	f New Registered Agent:	
810 THON	N, EDWIN F MASVILLE ROA SSEE, FL 323					
	e named entity e of Florida.	submits this statement for the	purpose of changing	its registere	d office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	CTORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WOLF, A.B.) Delete DOD AVE. SUITE 300 , NJ 08002	Title: Name: Address: City-St-Zip:		(X) Change () Addition WOOD AVE. SUITE 300 LL, NJ 08002	
Title: Name: Address: City-St-Zip:	LESIGER, LÂV	OOD AVE. SUITE 300	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	WEINSTOCK,	OOD AVE. SUITE 300	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	KEITH, CAROL	OOD AVE. SUITE 300	Title: Name: Address: City-St-Zip:		()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LAWRENCE R. LESIGER CONS 03/23/2009