

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006648

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** ASSOCIATED MORTGAGE BANKERS, INC

**Current Principal Place of Business:**

2395 OCEAN AVENUE  
SUITE 5  
RONKONKOMA, NY 11779

**New Principal Place of Business:**

600 OLD COUNTRY ROAD  
SUITE 207  
GARDEN CITY, NY 11530

**Current Mailing Address:**

2395 OCEAN AVENUE  
SUITE 5  
RONKONKOMA, NY 11779

**New Mailing Address:**

600 OLD COUNTRY ROAD  
SUITE 207  
GARDEN CITY, NY 11530

**FEI Number:** 11-2961751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DONATO, ANTHONY  
Address: 2395 OCEAN AVENUE  
City-St-Zip: RONKONKOMA, NY 11779

Title: EVP  
Name: MORAN, DONALD E  
Address: 600 OLD COUNTRY ROAD  
City-St-Zip: GARDEN CITY, NY 11530

Title: VP  
Name: PHILLIPS, BILLIE  
Address: 600 OLD COUNTRY ROAD  
City-St-Zip: GARDEN CITY, NY 11530

I hereby 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 all other like empowered.

SIGNATURE: SALVATORE SALAMONE

CO

02/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date