

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000000443

**FILED**  
**Feb 22, 2007**  
**Secretary of State**

**Entity Name:** MONTGOMERY MORTGAGE CAPITAL CORPORATION

**Current Principal Place of Business:**

119 CHERRY HILL RD. STE 146  
PARSIPPANY, NJ 07054

**New Principal Place of Business:**

199 CHERRY HILL RD. STE 146  
PARSIPPANY, NJ 07054

**Current Mailing Address:**

119 CHERRY HILL RD. STE 146  
PARSIPPANY, NJ 07054

**New Mailing Address:**

199 CHERRY HILL RD. STE 146  
PARSIPPANY, NJ 07054

**FEI Number:** 86-1123118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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:** MARK SCHIFF

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**Title:** CEOD ( ) Delete  
**Name:** GEMICI, ALEX  
**Address:** 119 CHERRY HILL RD. STE 146  
**City-St-Zip:** PARSIPPANY, NJ 07054

**Title:** PD ( ) Delete  
**Name:** LOIACONO, PAUL F JR.  
**Address:** 119 CHERRY HILL RD. STE 146  
**City-St-Zip:** PARSIPPANY, NJ 07054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** CEOD (X) Change ( ) Addition  
**Name:** GEMICI, ALEX  
**Address:** 199 CHERRY HILL RD. STE 146  
**City-St-Zip:** PARSIPPANY, NJ 07054

**Title:** PD (X) Change ( ) Addition  
**Name:** LOIACONO, PAUL F JR.  
**Address:** 199 CHERRY HILL RD. STE 146  
**City-St-Zip:** PARSIPPANY, NJ 07054

I hereby certify that the information supplied with this filing does not qualify for the 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:** ALEX GEMICI

MR

02/22/2007

Electronic Signature of Signing Officer or Director

Date