

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003340 (7)**
1. Corporation Name
RAM FUNDING, INC.



Principal Place of Business 411 WEST PUTNAM AVE. GREENWICH CT 06830	Mailing Address 411 WEST PUTNAM AVE. GREENWICH CT 06830
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 07/21/1993	3a. Date of Last Report 03/20/1996
		4. FEI Number 13-3294840		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301				81 Name
				82 Street Address (P.O. Box Number is Not Acceptable)
				83
				84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOVEIA, FRANK	1.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	1.4 CITY-ST-ZIP	
TITLE	DVST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYMUDES, JAY	2.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTZ, ROBERT	3.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOHN, STEVE	4.2 NAME	Frederick Simon
STREET ADDRESS	411 WEST PUTNAM AVE.	4.3 STREET ADDRESS	411 W. Putnam Ave.
CITY-ST-ZIP	GREENWICH CT 06830	4.4 CITY-ST-ZIP	Greenwich CT 06830
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAUMANN, MARK	5.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMRON, ARTHUR	6.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: _____

8/4/97 (203) 862-7000

CR2E034 (4/97)