FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:39

DOCUMENT # **F94000000537 (0)**

1. Corporation Name
GOULD FUNDING CORP.

Principal Place of Business	Mailing Address
60 CUTTER MILL RD GREAT NECK NY 11021	60 CUTTER MILL RD GREAT NECK NY 11021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 11-3142854 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature of new registered agent (if changing) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President	☒ Change ☐ Addition
NAME	BOUGHNER, STEVEN	12 NAME	Gould, Fredric H.	
STREET ADDRESS	60 CUTTER MILL RD, SUITE 303	13 STREET ADDRESS	60 Cutter Mill Road	
CITY-ST-ZIP	GREAT NECK NY	14 CITY-ST-ZIP	Great Neck, NY 11021	
TITLE	VS	21 TITLE		☐ Change ☐ Addition
NAME	BRINBERG, SIMEON	22 NAME		
STREET ADDRESS	60 CUTTER MILL RD, SUITE 303	23 STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK NY	24 CITY-ST-ZIP		
TITLE	VC	31 TITLE		☐ Change ☐ Addition
NAME	KALISH, DAVID	32 NAME		
STREET ADDRESS	60 CUTTER MILL RD, SUITE 303	33 STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK NY	34 CITY-ST-ZIP		
TITLE	VAS	41 TITLE		☐ Change ☐ Addition
NAME	LUNDY, MARK H	42 NAME		
STREET ADDRESS	60 CUTTER MILL RD, SUITE 303	43 STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK NY	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	GOULD, MATTHEW J	52 NAME		
STREET ADDRESS	60 CUTTER MILL RD, SUITE 303	53 STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK NY	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	GOULD, JEFFREY A	62 NAME		
STREET ADDRESS	60 CUTTER MILL RD, SUITE 303	63 STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK NY	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 if changed, or on an attachment with an address.

SIGNATURE: M W Gould — 3/23/95 — 516-466-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #