

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 03 1997 8:00am
Secretary of State

DOCUMENT # F94000002675 (6)

1. Corporation Name
CITYSCAPE CORP.

Principal Place of Business
565 TAXTER ROAD
ELMSFORD NY 10523

Mailing Address
565 TAXTER ROAD
ELMSFORD NY 10523



3. Date Incorporated or Qualified 05/23/1994
3a. Date of Last Report 01/18/1995

2. Principal Place of Business 21
2a. Mailing Address 26

4. FEI Number 13-3430697
Applied For Not Applicable

Suite, Apt. #, etc. 22
27

5. Certificate of Status Desired XX \$8.75 Additional Fee Required

City & State 23
28

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

Zip 24
25 Country 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	Sr. V.P., Sec. & Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GROSSER, ROBERT			1.2 NAME	Cheryl P. Carl		
STREET ADDRESS	565 TAXTER ROAD			1.3 STREET ADDRESS	565 Taxter Road		
CITY-ST-ZIP	ELMSFORD NY			1.4 CITY-ST-ZIP	Elmsford, NY 10523		
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	Sr. V.P. & Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATENT, ROBERT C			2.2 NAME	Robert M. Stata		
STREET ADDRESS	565 TAXTER ROAD			2.3 STREET ADDRESS	565 Taxter Road		
CITY-ST-ZIP	ELMSFORD NY 10523			2.4 CITY-ST-ZIP	Elmsford, NY 10523		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	Sr. V.P. & Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARL, CHERYL P			3.2 NAME	Steven P. Weiss		
STREET ADDRESS	565 TAXTER ROAD			3.3 STREET ADDRESS	565 Taxter Road		
CITY-ST-ZIP	ELMSFORD NY 10523			3.4 CITY-ST-ZIP	Elmsford, NY 10523		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	Sr. Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STATA, ROBERT			4.2 NAME	Eric S. Goldstein		
STREET ADDRESS	565 TAXTER ROAD			4.3 STREET ADDRESS	565 Taxter Road		
CITY-ST-ZIP	ELMSFORD NY 10523			4.4 CITY-ST-ZIP	Elmsford, NY 10523		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	Vice President & CFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Tim S. Ledwick		
STREET ADDRESS				5.3 STREET ADDRESS	565 Taxter Road		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Elmsford, NY 10523		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	Sr. Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	Robert J. Blackwell		
STREET ADDRESS				6.3 STREET ADDRESS	565 Taxter Road		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Elmsford, NY 10523		

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)(k), 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: Cheryl P. Carl 1/16/97 (914) 592-6677
Cheryl P. Carl Date Daytime Phone #

CR2E034 (12/95)