FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F94000002675 (6)

CITYSCAPE CORP.

Principal Place of Business	Mailing Address
565 TAXTER ROAD	565 TAXTER ROAD
ELMSFORD NY 10523	ELMSFORD NY 10523

FILED Mar 30 1998 8:00am Secretary of State



(10/97

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1994 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 21 26 <u> 13-3430697</u> Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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 the if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE **v** Change 1.1 TITLE Addition Director GROSSER, ROBERT NAME 1.2 NAME Grosser, Robert **565 TAXTER ROAD** STREET ADDRESS 1.3 STREET ADDRESS 565 Taxter Road **ELMSFORD NY** CITY-ST-ZIP 1.4 CITY-ST-ZIP Elmsford, NY DELETE TITLE ___ Change X Addition 2.1 TITLE President, Director PATENT, ROBERT C NAME 2.2 NAME Peter Kucma **565 TAXTER ROAD** STREET ADDRESS 23 STREET ADDRESS 565 Taxter Road **ELMSFORD NY 10523** CITY-ST-ZIP 2 4 CITY-ST-ZIP Elmsford, NY 10523 DELETE Change TITLE VSD X Addition 3.1 TITLE Senior VP, Director Carl, Cheryl P NAME 3.2 NAME Steven Miller **565 TAXTER ROAD** STREET ADDRESS 3.3 STREET ADDRESS 565 Taxter Road Elmsford, NY 10523 **ELMSFORD NY** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE VD XXDELETE 4.1 TITLE Change Addition Senior Vice President STATA, ROBERT NAME 4. 2 NAME Gregg L. Armbrister 565 TAXTER ROAD STREET ADDRESS 4.3 STREET ADDRESS 565 Taxter Road **ELMSFORD NY** CITY-ST-ZIP 4.4 CITY-ST-ZIP Elmsford, NY 10523 TITLE DELETE 5.1 TITLE Change Addition NAME WEISS, STEVEN P. 5.2 NAME **565 TAXTER ROAD** STREET ADDRESS 5.3 STREET ADDRESS **ELMSFORD NY** CITY - ST- ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE □ Change Addition GOLDSTEIN, ERIC S. NAME 6.2 NAME **565 TAXTER ROAD** STREET ADDRESS 6.3 STREET ADDRESS **ELMSFORD NY** CRTY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 suppliencental 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 certify ration or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phantied/or on an attachment will an ageriess.