

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90038 027 ***150.00

DOCUMENT # F94000002675

1. Corporation Name
CITYSCAPE CORP.

Principal Place of Business
565 TAXTER ROAD
ELMSFORD NY 10523

Mailing Address
565 TAXTER ROAD
ELMSFORD NY 10523

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1994

4. FEI Number

13-3430697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

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

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 PD ☐ DELETE
NAME GROSSER, ROBERT
STREET ADDRESS 565 TAXTER ROAD
CITY-ST-ZIP ELMSFORD NY

1.1 TITLE President, Director ☒ Change ☒ Addition
1.2 NAME Kucma, Peter S.
1.3 STREET ADDRESS 565 Taxter Road
1.4 CITY-ST-ZIP Elmsford, NY

TITLE DV ☐ DELETE
NAME PATENT, ROBERT C
STREET ADDRESS 565 TAXTER ROAD
CITY-ST-ZIP ELMSFORD NY 10523

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VSD ☐ DELETE
NAME CARL, CHERYL P
STREET ADDRESS 565 TAXTER ROAD
CITY-ST-ZIP ELMSFORD NY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GROSSER, ROBERT
STREET ADDRESS 565 TAXTER RD
CITY-ST-ZIP ELMSFORD NY

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME WEISS, STEVEN P.
STREET ADDRESS 565 TAXTER ROAD
CITY-ST-ZIP ELMSFORD NY

5.1 TITLE Director ☐ Change ☒ Addition
5.2 NAME Goldstein, Jonah L.
5.3 STREET ADDRESS 565 Taxter Road
5.4 CITY-ST-ZIP Elmsford, NY 10523

TITLE VP ☒ DELETE
NAME GOLDSTEIN, ERIC S.
STREET ADDRESS 565 TAXTER ROAD
CITY-ST-ZIP ELMSFORD NY

6.1 TITLE Sr. VP, Director ☒ Change ☐ Addition
6.2 NAME Miller, Steven M.
6.3 STREET ADDRESS 565 Taxter Road
6.4 CITY-ST-ZIP Elmsford, NY 10523

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(914) 592-6677

Daytime Phone #

CR2E034 (11/98)