SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGU[illegible], 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO R[illegible]TATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMEN[illegible] STATE
Sandra B. Mort[illegible]
Secretary of St[illegible]
DIVISION OF CORPO[illegible]IONS

DOCUMENT # F95000005774 (3)

1. Corporation Name

ELK ASSOCIATES FUNDING CORPORATION

Principal Place of Business	Mailing Address
747 THIRD AVE., STE. 4C NEW YORK NY 10017	747 THIRD AVE., STE. 4C NEW YORK NY 10017

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

3. Date Incorporated or Qualified: **11/28/1995**
3a. Date of Last Report:
4. FEI Number: **11-2502336** ☐ 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 COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

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

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	GRANOFF, GARY C	
STREET ADDRESS	2 FIR DR.	
CITY-ST-ZIP	GREAT NECK NY 11024	
TITLE	D	☐ DELETE
NAME	SABESAN, MARVIN	
STREET ADDRESS	188 GANNET COURT	
CITY-ST-ZIP	MANHASSET NY 11030	
TITLE	D	☐ DELETE
NAME	KANARICK, HERBERT	
STREET ADDRESS	200 E 33RD ST	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	DV	☐ DELETE
NAME	WALKER, ELLEN M	
STREET ADDRESS	747 THIRD AVE., STE. 4C	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	S	☐ DELETE
NAME	CHANCE, MARGARET	
STREET ADDRESS	61-54 GATES AVE.	
CITY-ST-ZIP	RIDGEWOOD NY 11385	
TITLE	VD	☐ DELETE
NAME	FORLENZA, LEE A	
STREET ADDRESS	747 THIRD AVE., STE. 4C	
CITY-ST-ZIP	NEW YORK NY 10017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☐ Change ☐ Addition
1.2 NAME	Steven Etra	originally
1.3 STREET ADDRESS	Heather Hill Road	scheduled but
1.4 CITY-ST-ZIP	Brookville, N.Y. 11545	omitted by sec of state
2.1 TITLE	Director	☐ Change ☐ Addition
2.2 NAME	Stephen R. Busch	originally
2.3 STREET ADDRESS	500 East 77th Street Apt 832	scheduled but
2.4 CITY-ST-ZIP	New York, N.Y. 10162	omitted by sec state
3.1 TITLE	Director	☐ Change ☐ Addition
3.2 NAME	Paul Creditor	originally
3.3 STREET ADDRESS	28 Basket Neck Lane	scheduled but
3.4 CITY-ST-ZIP	Remsenburg, N.Y. 11960	omitted by Sec. of St
4.1 TITLE	Director	☐ Change ☐ Addition
4.2 NAME	Allen S. Kaplan	originally
4.3 STREET ADDRESS	5 Ridge Drive East	scheduled but
4.4 CITY-ST-ZIP	Great Neck, New York 11021	omitted by Sec of State
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary Granoff, Pres. 6/11/96 (212) 355-2449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)