

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005774

FILED
Mar 13, 2009
Secretary of State

Entity Name: ELK ASSOCIATES FUNDING CORPORATION

Current Principal Place of Business:

747 THIRD AVE., STE. 4C
STE 4C
NEW YORK, NY 10017

New Principal Place of Business:

Current Mailing Address:

747 THIRD AVE., STE. 4C
NEW YORK, NY 10017

New Mailing Address:

FEI Number: 11-2502336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: STEVEN, ETRA
Address: HEATHER HILL ROAD
City-St-Zip: BROOKVILL, NY

Title: S/V () Delete
Name: CHANCE, MARGARET
Address: 61-54 GATES AVE.
City-St-Zip: RIDGEWOOD, NY 11385

Title: SV () Delete
Name: FORLENZA, LEE A
Address: 747 THIRD AVE., STE. 4C
City-St-Zip: NEW YORK, NY 10017

Title: CPD () Delete
Name: GRANOFF, GARY C
Address: 2 FIR DRIVE
City-St-Zip: GREAT NECK, NY 11024

Title: VD () Delete
Name: WALKER, ELLEN M
Address: 747 THIRD AVENUE,
City-St-Zip: NEW YORK, NY 10017

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SVPD (X) Change () Addition
Name: FEINSOD, MICHAEL
Address: 60 THE INTERVALE
City-St-Zip: ROSLYN, NY 11576

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EVP () Change (X) Addition
Name: MULLENS, SILVIA M
Address: 15 SUNRISE DRIVE
City-St-Zip: MORRIS PLAINS, NJ 07950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL FEINSOD

SVPD

03/13/2009

Electronic Signature of Signing Officer or Director

Date