

F 96000001443

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: OLD DOMINION MORTGAGE CO., INC.
(Name of corporation - must include suffix)

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****122.50 *****70.00

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BONNIE S. NACHAMIE, ESQ.

(Name of Person)

LAW OFFICES OF BONNIE S. NACHAMIE

(Firm/Company)

36 LINCOLN AVENUE

(Address)

ROCKVILLE CENTRE, NY 11570

(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

BONNIE S. NACHAMIE

(Name of Person)

at (516) 678-7110

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

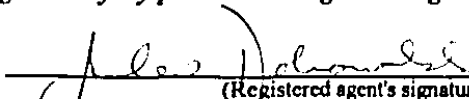
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. OLD DOMINION MORTGAGE CO., INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEW YORK
(State or country under the law of which it is incorporated)
3. 22-3241642
(FEI number, if applicable)
4. JUNE 13, 1993
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 271 ROUTE 46 WEST, SUITE A203
FAIRFIELD, NJ 07004
(Current mailing address)
8. ANY LAWFUL ACTIVITY
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**
Name: JULES DOBROWOLSKI
Office Address: 2401 WEST BAY DRIVE
LARGO, Florida, 34640
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: PHYLLIS P. DEDERICK

Address: 56 ORTON ROAD, WEST CALDWELL, NEW JERSEY 07006

Director: MADELINE SEITMAN

Address: 2756 COVERED BRIDGE ROAD, MERRICK, NEW YORK 11566

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: WILLIAM L. DEDERICK, JR.

Address: 56 ORTON ROAD

WEST CALDWELL, NJ 07006

Vice President: _____

Address: _____

Secretary: PHYLLIS P. DEDERICK

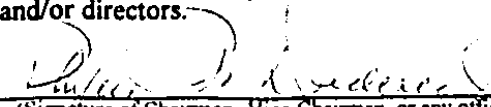
Address: 56 ORTON ROAD

WEST CALDWELL, NJ. 07006

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PHYLLIS P. DEDERICK, SECRETARY

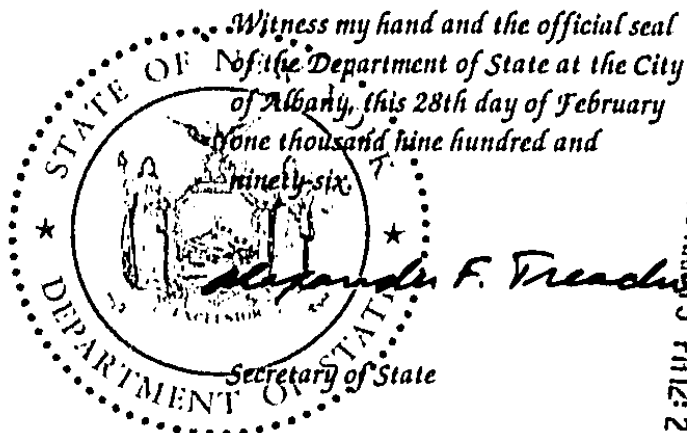
(Typed or printed name and capacity of person signing application)

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State of New York | **ss:**
Department of State

I hereby certify, that the certificate of incorporation of OLD DOMINION MORTGAGE CO., INC. was filed on 06/16/1993, under the name of OLD DOMINION FUNDING CO., INC., with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment OLD DOMINION FUNDING CO., INC., changing name to OLD DOMINION MORTGAGE CO., INC., was filed 03/15/1995.



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