

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

FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F96000004570 (5)**

1. Corporation Name

**DIME MORTGAGE, INC.**

Principal Place of Business

% THE DIME SAVINGS BANK OF NEW YORK, FSB  
EAB PLAZA-E TOWER 15TH FLR  
UNIONDALE NY 11556-0125

Mailing Address

% THE DIME SAVINGS BANK OF NEW YORK, FSB  
EAB PLAZA-E TOWER 15TH FLR  
UNIONDALE NY 11556



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/06/1996

3a. Date of Last Report

4. FEI Number

11-3284175

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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	<input type="checkbox"/> DELETE
NAME	COLASANO, PAUL D	
STREET ADDRESS	EAB PLAZA-E TOWER 14TH FLR	
CITY - ST - ZIP	UNIONDALE NY 11556-0124	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, MICHAEL D	
STREET ADDRESS	EAB PLAZA-E TOWER 14TH FLR	
CITY - ST - ZIP	UNIONDALE NY 11556-0124	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GANAS, PHYLLIS MARINO	
STREET ADDRESS	EAB PLAZA-E TOWER 14TH FLR	
CITY - ST - ZIP	UNIONDALE NY 11556-0124	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRATHWAITE, GAIL	
STREET ADDRESS	EAB PLAZA-E TOWER 14TH FLR	
CITY - ST - ZIP	UNIONDALE NY 11556-0124	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MONHEIT, ROBERT S	
STREET ADDRESS	EAB PLAZA-E TOWER 14TH FLR	
CITY - ST - ZIP	UNIONDALE NY 11556-0124	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GERRY, ROBERT F	
STREET ADDRESS	EAB PLAZA-E TOWER 14TH FLR	
CITY - ST - ZIP	UNIONDALE NY 11556-0124	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert S. Monheit*  
Robert S. Monheit

Date

1/30/97

Daytime Phone #

(516) 745-2908

CR2E034 (9/96)