2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9700005053 Jan 25, 2000 8:00 am Secretary of State 1. Entity Name FIDELITY MORTGAGE INC. 01-25-2000 90134 027 ***150.00 Principal Place of Business Mailing Address C/O DELTA FUNDING CORP.-ATTN: LEGAL DEPT. % DELTA FUNDING CORPORATION 1000 WOODBURY RD., ATTN: LEGAL DEPT. 1000 WOODBURY RD. WOODBURY NY 11797 WOODBURY NY 11797-2500 2. Principal Place of Business 3. Mailing Address 8044 Montgomery Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number 11-3360263 Not Applicable Cincinnati CH Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 45236 **Hamilton** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Delete TITLE MILLER. HUGH NAME STREET ADDRESS 1000 WOODBURY ROAD STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP WOODBURY NY 11797 ☐ Change Addition SD ☐ Delete TITLE TITLE MILLER, MARC NAME NAME STREET ADDRESS STREET ADDRESS 1000 WOODBURY ROAD CITY-ST-ZIP CITY-ST-ZIP WOODBURY NY 11797 ___Change ☐ Addition ☐ Delete TITLE BLASS, RICHARD NAME STREET ADDRESS 1000 WOODBURY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WOODBURY NY 11797 Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 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

Richard Blass

1/6/00

516-364-8500

Daytime Phone #