2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90206 018 ***150 00 **DOCUMENT # F97000005053** 1. Entity Name FIDELITY MORTGAGE INC. 14005933 Principal Place of Business Mailing Address 1000 WOODBURY ROAD 1000 WOODBURY ROAD WOODBURY, NY 11797 ATTN: LEGAL DEPT. WOODBURY, NY 11797 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 04132005 CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 11-3360263 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PΠ TITLE ☐ Delete TITLE Change ☐ Addition MILLER, HUGH NAME NAME STREET ADDRESS 80 COVES RUN STREET ADDRESS CITY-ST-ZIP SYOSSET, NY 11791 CITY-ST-ZIP TIRLE SD ☐ Delete TITLE ☐ Change ☐ Addition MILLER, MARC NAME NAME STREET ADDRESS 39 CHERRY LANE STREET ADDRESS WOODBURY, NY 11797 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BLASS, RICHARD NAME NAME STREET ADDRESS 22 WHARTON PLACE STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MILLER, LEE NAME NAME STREET ADDRESS 16 HUNTING HILL ROAD STREET ADDRESS WOODBURY, NY 11797 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BALTRUS, SAROJIINI NAME NAME STREET ADDRESS **5 WAYNE COURT** STREET ADDRESS CITY-ST-ZIP MERRICK, NY 11566 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME See additional page STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Richard Blass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

/2005

516-364-8500

Daytime Phone #

FILED

ALIACHMENT

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT DOCUMENT # F97000005058 FIDELITY MORT BAGE INC. 14005933 Principal Place of Business Mailing Address 1000 WOODBURY ROAD 1000 WOODBURY ROAD WOODBURY, NY 11797 ATTN: LEGAL DEPT. WOODBURY, NY 11797 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 11-3360263 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Delete TITLE ☐ Change Addition SVP MILLER, HUGH NAME NAME Carl Monsour STREET ADDRESS 80 COVES RUN STREET ADDRESS 312 Buffalo Ridge Road McMurray PA 15317 CITY-ST-ZIP SYOSSET, NY 11791 CITY-ST-ZIP SD ☐ Delete TITLE ☐ Change Addition TITLE NAME MILLER, MARC NAME Obiora Egbuna STREET ADDRESS 39 CHERRY LANE STREET ADDRESS 8820 Cavonnier Lane Charlotte NC 28216 WOODBURY, NY 11797 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE BLASS, RICHARD NAME NAME 22 WHARTON PLACE STREET ADDRESS STREET ADORESS MELVILLE, NY 11747 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition **FVP** ☐ Delete TITLE TITLE MILLER, LEE NAME NAME STREET ADDRESS 16 HUNTING HILL ROAD STREET ADDRESS WOODBURY, NY 11797 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BALTRUS, SAROJIINI NAME NAME STREET ADDRESS **5 WAYNE COURT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRICK, NY 11566 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 4/19/2005

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR