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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90228 018 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F98000006167**

1. Corporation Name  
**ROSLYN NATIONAL MORTGAGE CORPORATION**

Principal Place of Business      Mailing Address  
 350 MOTOR PKWY.                      350 MOTOR PKWY.  
 HAUPPAUGE NY 11788                      HAUPPAUGE NY 11788



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/06/1998**

4. FEI Number      Applied For  
**11-3261220**       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 owes the current year Intangible Personal Property Tax.       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      85 Zip Code

**FL**

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      CD       DELETE

NAME      **MANCINO, JOSEPH L**

STREET ADDRESS      **109 TANNERS POND RD.**

CITY-ST-ZIP      **GARDEN CITY NY 11530**

TITLE      PCEO       DELETE

NAME      **BRYANT, JOSEPH P JR.**

STREET ADDRESS      **3 LORD JOE'S LANDING**

CITY-ST-ZIP      **NORTHPORT NY 11768**

TITLE      VCFO       DELETE

NAME      **MUROLO, S. BENJAMIN**

STREET ADDRESS      **45 PRESCOTT ST.**

CITY-ST-ZIP      **GARDEN CITY NY 11530**

TITLE      V       DELETE

NAME      **LOEFFLER, RICHARD S**

STREET ADDRESS      **12 MANOR RD.**

CITY-ST-ZIP      **NEW TOWN PA 18940**

TITLE      D       DELETE

NAME      **MCCUAIG, VICTOR C**

STREET ADDRESS      **24 MATINECOCK FARMS RD.**

CITY-ST-ZIP      **GLEN COVE NY 11530**

TITLE      D       DELETE

NAME      **SWIGGETT, JAMES E**

STREET ADDRESS      **LLOYD LANE, LLOYD NECK**

CITY-ST-ZIP      **HUNTINGTON NY 11743**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE       Change       Addition

3.2 NAME      **EVPCFO**

3.3 STREET ADDRESS      **Thomas Sullivan**

3.4 CITY-ST-ZIP      **31 Magnet St. Stony Brook, NY 11790**

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE       Change       Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Eileen Gallagher - Licensing Mgr.*      Date: **1-5-99**      Daytime Phone #: **516-434-4850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/98)