

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-01-1999 90228 018 ***150.00

DOCUMENT # F98000006167

1. Corporation Name

ROSLYN NATIONAL MORTGAGE CORPORATION

Principal Place of Business

350 MOTOR PKWY.
HAUPPAUGE NY 11788

Mailing Address

350 MOTOR PKWY.
HAUPPAUGE NY 11788

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1998

4. FEI Number

11-3261220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 Haller - Licensing Mgr.

Date

1-5-99

Daytime Phone #

516-434-4850

CR2E034 (11/98)