

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90050 005 \*\*\*158.75

DOCUMENT # F98000006167 ✓

1. Entity Name  
 Roslyn National Mortgage Corporation

Principal Place of Business Mailing Address (same)  
 48 South Service Road  
 Melville, New York 11747

2. Principal Place of Business 48 South Service Road  
 Suite, Apt. #, etc.

3. Mailing Address 48 South Service Road  
 Suite, Apt. #, etc.

City & State Melville, NY City & State Melville, NY 4. FEI Number 11-3261220 Applied For Not Applicable

Zip 11747 Country USA Zip 11747 Country USA 5. Certificate of Status Desired  \$8.75 Additional Fee Required

00060946

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEMS  
 1200 South Pine Island Road  
 Plantation, FA 33324

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Bryant, Joseph P. 3 Lord Joe's Landing Northport, NY 11768	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Sullivan, Thomas 34 Magnet Street Stony Brook, NY 11790	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPCOO Loeffler, Richard S. 12 Manor Road New Town, PA 18940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pearson, Lori A. 9818 Diversified Lane Ellicott City, MD 21042	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lori A. Pearson LORI A. PEARSON Vice President 5/17/00 410-~~0000~~ 7250 953-8390  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)