2007 FOR DROFIT CORPORATIO

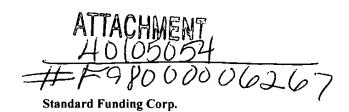
FILED May 04, 2007 8:00 am Secretary of State

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05-04-2007 90076 023 ***150.00 DOCUMENT # F98000006267 SEC FUNDING COMPANY OF FLORIDA Principal Place of Business Mailing Address 40105054 335 CROSSWAYS PARK DR. 335 CROSSWAYS PARK DR. WOODBURY, NY 11797 US PO BOX 9011 SYOSSET, NY 11791 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 04132007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 11-2523559 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301-2525 City Zip Code FL8. 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PLS SEE ATTACHED LIST Change TITLE ☐ Delete TITLE ☐ Addition MANGIA, ANGELO J NAME NAME STREET ADDRESS 335 CROSSWAYS PARK DRIVE STREET ADDRESS CITY-ST-7/P WOODBURY, NY 11545 CITY-ST-ZIP TITLE Delete Delete TITLE ☐ Change ☐ Addition MAXWELL, JAMES S NAME STREET ADDRESS 960 AVENUE OF THE AMERICAS STREET ADDRESS NEW YORK, NY 10001 CITY-ST-ZiP CITY-ST-7IP TITLE SVP Delete TITLE Change ☐ Addition NORI, ROBERT J NAME NAME STREET ADDRESS 335 CROSSWAYS PARK DRIVE STREET ADDRESS CITY-ST-ZiP WOODBURY, NY 11797 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition O'BRIEN, THOMAS M NAME NAME 960 AVENUE OF THE AMERICAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10001 CITY - ST - ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition TOLOMER, ROBERT' J NAME STREET ADDRESS 960 AVENUE OF THE AMERICAS STREET ADDRESS NEW YORK', NY 10001 CITY-ST-7!P CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition FLEMING, DONALD C NAME NAME STREET ADDRESS 960 AVENUE OF THE AMERICAS STREET ADDRESS NEW YORK, NY 10001 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

ME OF SIGNING OFFICER OR DIRECTOR



Officers and Directors

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