

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006267

FILED  
Mar 31, 2012  
Secretary of State

**Entity Name:** SFC FUNDING COMPANY OF FLORIDA

**Current Principal Place of Business:**

335 CROSSWAYS PARK DR.  
WOODBURY, NY 11797 US

**New Principal Place of Business:**

615 MERRICK AVE.  
WESTBURY, NY 11590 US

**Current Mailing Address:**

335 CROSSWAYS PARK DR.  
WOODBURY, NY 11797 US

**New Mailing Address:**

615 MERRICK AVE.  
WESTBURY, NY 11590 US

**FEI Number:** 11-2523559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O CORPORATION SYSTEM  
1200 SOUTH PINES ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VPS  
**Name:** QUINN, R. PATRICK  
**Address:** 615 MERRICK AVE.  
**City-St-Zip:** WESTBURY, NY 11590 US

**Title:** VPD  
**Name:** CANGEMI, THOMAS  
**Address:** 615 MERRICK AVE.  
**City-St-Zip:** WESTBURY, NY 11590 US

**Title:** SVPD  
**Name:** WANN, ROBERT  
**Address:** 615 MERRICK AVE.  
**City-St-Zip:** WESTBURY, NY 11590 US

**Title:** VP  
**Name:** DOWLING, JOHN  
**Address:** 615 MERRICK AVE.  
**City-St-Zip:** WESTBURY, NY 11590 US

**Title:** VPD  
**Name:** PINTO, JOHN J  
**Address:** 615 MERRICK AVE.  
**City-St-Zip:** WESTBURY, NY 11590 US

**Title:** D  
**Name:** FICALORA, JOSEPH R  
**Address:** 615 MERRICK AVE.  
**City-St-Zip:** WESTBURY, NY 11590 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** KELLY LETTMANN

POA

03/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date