

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006576

FILED
Jan 10, 2005
Secretary of State

Entity Name: STERLING NATIONAL MORTGAGE COMPANY, INC.

Current Principal Place of Business:

98 CUTTERMILL ROAD
SUITE 200N
GREAT NECK, NY 11021 US

New Principal Place of Business:

Current Mailing Address:

98 CUTTERMILL ROAD
SUITE 200N
GREAT NECK, NY 11021 US

New Mailing Address:

FEI Number: 11-3334993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVE
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BIZENOV, MICHAEL
Address: 98 CUTTERMILL RD, SUITE 200N
City-St-Zip: GREAT NECK, NY 11021

Title: S () Delete
Name: KRUMPER, NEAL
Address: 98 CUTTERMILL RD, SUITE 200N
City-St-Zip: GREAT NECK, NY 11021

Title: D () Delete
Name: MILLMAN, JOHN
Address: 650 5TH AVE.
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: CAPPELLI, LOUIS
Address: 650 5TH AVE.
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: ALOISIO, JOHN
Address: 650 5TH AVE.
City-St-Zip: NEW YORK, NY 10019

Title: VP () Delete
Name: TIMOTHY, AJAY
Address: 98 CUTTERMILL ROAD
City-St-Zip: GREAT NECK, NY 11021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL BIZENOV

PD

01/10/2005

Electronic Signature of Signing Officer or Director

_____ Date