FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 23 AM 9:57

DOCUMENT # F99000000372

1. Entity Name

SIB Mortgage Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1250 Route 28	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Branchburg NJ	City & State
Zip: 08876 Country: Somerset	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 13-4027208 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation **FL** Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	President/CEO
NAME	Richard W. Payne, III
STREET ADDRESS	3 Sugar Maple Row
CITY-ST-ZIP	Chester, NJ 07930
TITLE	Exec. VP/CFO
NAME	Ralph Picarillo
STREET ADDRESS	215 County Line Road
CITY-ST-ZIP	Branchburg, NJ 08876
TITLE	Director
NAME	Harry Doherty
STREET ADDRESS	86 Merrick Avenue
CITY-ST-ZIP	Staten Island, NY 10304
TITLE	Director
NAME	James Coyle
STREET ADDRESS	10 Parkview Place
CITY-ST-ZIP	Staten Island, NY 10304
TITLE	Director
NAME	John Brady
STREET ADDRESS	84 Davis Avenue
CITY-ST-ZIP	Staten Island, NY 10304
TITLE	Secretary
NAME	Patricia Smith
STREET ADDRESS	15 Beach Street
CITY-ST-ZIP	Staten Island, NY 10304

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****150.00 ****150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard W. Payne, III President/CEO