

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000985

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: DOLLARS & SENSE MORTGAGE, INC.

## Current Principal Place of Business:

180 OFFICE PARK WAY  
SUITE 2000  
PITTSFORD, NY 14534

## New Principal Place of Business:

## Current Mailing Address:

180 OFFICE PARK WAY  
SUITE 2000  
PITTSFORD, NY 14534

## New Mailing Address:

FEI Number: 16-1467767      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC.  
450 E. LAS OLAS BOULEVARD  
#1400  
FT. LAUDERDALE,, FL 33301 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: VP ( ) Delete  
Name: GELB, JAY W  
Address: 180 OFFICE PARK WAY SUITE 2000  
City-St-Zip: PITTSFORD, NY 14534

Title: VVS ( ) Delete  
Name: GELB, BRADLEY L  
Address: 180 OFFICE PARK WAY SUITE 2000  
City-St-Zip: PITTSFORD, NY 14534

Title: DT ( ) Delete  
Name: GELB, MYRL S  
Address: 180 OFFICE PARK WAY SUITE 2000  
City-St-Zip: PITTSFORD, NY 14534

## 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MYRL S GELB

DT

04/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date