2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M92930

Entity Name: FEDERAL TRUST CORPORATION

FILED Jul 05, 2005 Secretary of State

| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | |
|--|---------------------------------------|--|-----------------------|--|--|
| 312 WEST | FIRST STRE | ΈΤ | | | |
| SUITE 110 | | US | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | |
| | _ | | | | |
| P.O. BOX SANFORD | 1867), FL 32772 | US | | | |
| FEI Number: 59-2935028 FEI Number Appl | | FEI Number Applied For () | FEI Number Not Appl | licable () Certificate of Status Desired () | |
| Name and | Address of | Current Registered Agent: | Name and | Address of New Registered Agent: | |
| 312 WÉST | REGORY E FIRST STRE), FL 32771 | ET US | | | |
| The above in the State | named entity of Florida. | submits this statement for the p | ourpose of changing i | ts registered office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | | nic Signature of Registered Age | ent | Date | |
| Election Car | | 93(2)(b), F.S., the corporation did no g Trust Fund Contribution (). CTORS: | | e. IS/CHANGES TO OFFICERS AND DIRECTORS | |
| | | | | | |
| Title: Name: | CPD (SUSKIEWICH, |) Delete .IAMES V | Title: Name: | CPD (X) Change () Addition SUSKIEWICH, JAMES V | |
| Address: | 1616 ROCKDA | | Address: | 3516 LEGACY HILLS COURT | |
| City-St-Zip: | LAKE MARY, F | FL 32746 US | City-St-Zip: | LONGWOOD, FL 32779 US | |
| Title: | EVP (|) Delete | Title: | () Change () Addition | |
| Name: | SMITH, GREG | • | Name: | () = | |
| Address: | 726 GLEN EAG | GLE DRIVE | Address: | | |
| City-St-Zip: | WINTER SPRI | NGS, FL 32708 US | City-St-Zip: | | |
| Title: | S (|) Delete | Title: | () Change () Addition | |
| Name: | ZDANYS, MAR | * | Name: | | |
| Address: | 246 RIPPLING | LANE | Address: | | |
| City-St-Zip: | WINTER PARK | K, FL 32789 US | City-St-Zip: | | |
| Title: | D (|) Delete | Title: | () Change () Addition | |
| Name: | CERTO, SAMU | • | Name: | () = 1.4.1.3 | |
| Address: | 3393 REGAL (| | Address: | | |
| City-St-Zip: | LONGWOOD, | | City-St-Zip: | | |
| Title: | D (|) Delete | Title: | () Change () Addition | |
| Name: | HILL, KENNET | ž | Name: | () Silvings () / Maintain | |
| Address: | 1417 CHICHES | | Address: | | |
| City-St-Zip: | ORLANDO, FL | | City-St-Zip: | | |
| Title: | D (|) Delete | Title: | () Change () Addition | |
| Name: | FOSTER, GEO | | Name: | () Shangs () / Mainton | |
| Address: | 1316 NOBLE S | | Address: | | |
| City-St-Zip: | LONGWOOD, | | 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: GREGORY E. SMITH EVP 07/05/2005