FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -2 AM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01261 (7)

1. Corporation Name

DIME MORTGAGE COMPANY, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM P. MCCAUGHAN 80 SW 8TH ST. STE 2803 MIAMI FL 33130 US	C/O WILLIAM P. MCCAUGHAN 80 SW 8TH ST SUITE 2803 MIAMI FL 33130 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 03/19/1984
3a. Date of Last Report: 04/13/1994
4. FEI Number: 13-3222300 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCAUGHAN, WILLIAM P. 80 SW 8TH ST. STE 2803 MIAMI FL 33130	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE ________

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	V ☒ Change ☐ Addition
NAME	CHARLES, HEINRICH F	1.2 NAME	GAIL BRATHWAITE
STREET ADDRESS	EAB PLAZA-EAST TOWER, 15TH FLOOR	1.3 STREET ADDRESS	EAB PLAZA-EAST TOWER, 14th FLOOR
CITY ST ZIP	UNIONDALE NY	1.4 CITY ST ZIP	UNIONDALE, NY 11556
TITLE	DP	2.1 TITLE	☒ Change ☐ Addition
NAME	WRIGHT, FRANKLIN L JR	2.2 NAME	FRANKLIN L. WRIGHT
STREET ADDRESS	EAB PLAZA-EAST TOWER, 15TH FLOOR	2.3 STREET ADDRESS	589 FIFTH AVENUE
CITY ST ZIP	UNIONDALE NY	2.4 CITY ST ZIP	NEW YORK, NY 10017
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	CHAFFEE, DON T	3.2 NAME	PAUL D. COLASONO
STREET ADDRESS	EAB PLAZA-EAST TOWER, 14TH FLOOR	3.3 STREET ADDRESS	
CITY ST ZIP	UNIONDALE NY	3.4 CITY ST ZIP	800001473588
TITLE	D	4.1 TITLE	-05/03/95--01116--012 ☐ Change ☐ Addition
NAME	BRITELL, JENNE K	4.2 NAME	****200.00 ****200.00
STREET ADDRESS	EAB PLAZA-EAST TOWER, 14 TH FLOOR	4.3 STREET ADDRESS	
CITY ST ZIP	UNIONDAL NY	4.4 CITY ST ZIP	
TITLE	VAS	5.1 TITLE	☒ Change ☐ Addition
NAME	CULLEN, RICHARD	5.2 NAME	
STREET ADDRESS	1225 FRANKLIN AVE	5.3 STREET ADDRESS	1325 FRANKLIN AVENUE
CITY ST ZIP	GARDEN CITY NY	5.4 CITY ST ZIP	CH
TITLE		6.1 TITLE	S ☐ Change ☒ Addition
NAME		6.2 NAME	ANDREA J. MUELLER
STREET ADDRESS		6.3 STREET ADDRESS	EAB PLAZA-EAST TOWER, 15th FLOOR
CITY ST ZIP		6.4 CITY ST ZIP	UNIONDALE, NY 11556

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Vice President — 4/24/95 — (516)745-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Dime Mortgage Company, Inc.

TITLE	V
NAME	JOHN BOONE
STREET ADDRESS	EAB PLAZA-EAST TOWER, 13th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556
TITLE	V
NAME	ANNE E. EPPOLITO
STREET ADDRESS	EAB PLAZA-EAST TOWER, 13th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556
TITLE	V
NAME	CELIA HALL
STREET ADDRESS	EAB PLAZA-EAST TOWER, 14th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556
TITLE	V
NAME	WARREN SCHWARTZ
STREET ADDRESS	EAB PLAZA-EAST TOWER, 11th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556
TITLE	V
NAME	MICHAEL SMITH
STREET ADDRESS	EAB PLAZA-EAST TOWER, 11th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556
TITLE	V
NAME	DENISE PRICE
STREET ADDRESS	EAB PLAZA-EAST TOWER, 12th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556
TITLE	V
NAME	JOSEPH LoMONACO
STREET ADDRESS	EAB PLAZA-EAST TOWER, 13th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556
TITLE	V/Assistant Secretary
NAME	LINDA SIBLANO
STREET ADDRESS	EAB PLAZA-EAST TOWER, 12th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556
TITLE	S
NAME	ANDREA J. MUELLER
STREET ADDRESS	EAB PLAZA-EAST TOWER, 15th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556
TITLE	T
NAME	ROBERT F. GERRY
STREET ADDRESS	EAB PLAZA-EAST TOWER, 14th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556

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Dime Mortgage Company, Inc.

TITLE	Assistant Secretary
NAME	LINDA FLOOD
STREET ADDRESS	EAB PLAZA-EAST TOWER, 15th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556
TITLE	Assistant Secretary
NAME	CRAIG J. HENNEBERGER
STREET ADDRESS	EAB PLAZA-EAST TOWER, 15th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556
TITLE	Assistant Secretary
NAME	CAMILLE R. AMEN
STREET ADDRESS	1325 FRANKLIN AVENUE
CITY-ST-ZIP	GARDEN CITY, NY 11530