

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

Page 1 of 3

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

3. Date Incorporated or Qualified  
03/19/1984

3a. Date of Last Report  
05/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when "Resigning")

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE  
NAME BRATHWAITE, GAIL  
STREET ADDRESS EAB PLAZA-EAST TOWER 14TH FL.  
CITY-STATE-ZIP UNIONDALE NY 11556

TITLE DP ☐ DELETE  
NAME WRIGHT, FRANKLIN L. JR  
STREET ADDRESS 589 FIFTH AVE.  
CITY-STATE-ZIP NEW YORK NY 10017

TITLE D ☐ DELETE  
NAME COLASANO, PAUL D  
STREET ADDRESS EAB PLAZA-EAST TOWER, 14TH FLOOR  
CITY-STATE-ZIP UNIONDALE NY

TITLE D ☐ DELETE  
NAME BRITELL, JENNE K  
STREET ADDRESS EAB PLAZA-EAST TOWER, 14 TH FLOOR  
CITY-STATE-ZIP UNIONDAL NY

TITLE VAS ☐ DELETE  
NAME CULLEN, RICHARD  
STREET ADDRESS 1325 FRANKLIN AVE.  
CITY-STATE-ZIP GARDEN CITY NY

TITLE S ☐ DELETE  
NAME MUELLER, ANDREA J  
STREET ADDRESS EAB PLAZA-EAST TOWER 15TH FL.  
CITY-STATE-ZIP UNIONDALE NY 11556

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

SIBLANO, LINDA  
EAB PLAZA-EAST TOWER  
UNIONDALE NY 11556-0122

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

MONHEIT, ROBERT S.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert S. Monheit, Secretary

4/23/96

(516) 745-2908

Date

Daytime Phone #

CR2E034 (12/95)

DIME MORTGAGE COMPANY, INC.

1996 CORPORATION ANNUAL REPORT

Item 12: (continued)

NAME	JOHN BOONE
TITLE	V
STREET ADDRESS	EAB PLAZA-EAST TOWER, 15th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556-0125
NAME	JOANNE DAUPHIN
TITLE	V
STREET ADDRESS	231 EAST AVENUE
CITY-ST-ZIP	ALBION, NY 14411
NAME	ANN E. EPPOLITO
TITLE	V
STREET ADDRESS	EAB PLAZA-EAST TOWER, 14th FLOOR
CIT-ST-ZIP	UNIONDALE, NY 11556-0124
NAME	CELIA HALL
TITLE	V
STREET ADDRESS	EAB PLAZA-EAST TOWER, 14th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556-0124
NAME	LINDA JOHNSON
TITLE	V
STREET ADDRESS	231 EAST AVENUE
CITY-ST-ZIP	ALBION, NY 14411
NAME	JAMES JOYCE
TITLE	V
STREET ADDRESS	231 EAST AVENUE
CITY-ST-ZIP	ALBION, NY 14411
NAME	JOSEPH LoMONACO
TITLE	V
STREET ADDRESS	EAB PLAZA-EAST TOWER, 13th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556-0123
NAME	ROGER SUTPHEN
TITLE	V
STREET ADDRESS	231 EAST AVENUE
CITY-ST-ZIP	ALBION, NY 14411
NAME	TIMOTHY R. HAPEMAN
TITLE	AVP
STREET ADDRESS	231 EAST AVENUE
CITY-ST-ZIP	ALBION, NY 14411

AVP = Assistant Vice President  
V = Vice President

Item 12: (continued)

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NAME	CRAIG LINDAUER
TITLE	AVP
STREET ADDRESS	231 EAST AVENUE
CITY-ST-ZIP	ALBION, NY 14411
NAME	ROBERT McDONOUGH
TITLE	AVP
STREET ADDRESS	231 EAST AVENUE
CITY-ST-ZIP	ALBION, NY 14411
NAME	ANDREW PACITTO
TITLE	AVP
STREET ADDRESS	231 EAST AVENUE
CITY-ST-ZIP	ALBION, NY 14411
NAME	LINDA FLOOD
TITLE	AS
STREET ADDRESS	EAB PLAZA-EAST TOWER, 15th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556-0125
NAME	ROBERT GOTHAM
TITLE	AS
STREET ADDRESS	231 EAST AVENUE
CITY-ST-ZIP	ALBION, NY 14411
NAME	CRAIG J. HENNEBERGER
TITLE	AS
STREET ADDRESS	EAB PLAZA-EAST TOWER, 15th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556-0125
NAME	CHERYL L. GRUCZA
TITLE	AS
STREET ADDRESS	231 EAST AVENUE
CITY-ST-ZIP	ALBION, NY 14411
NAME	SUSAN N. REESE
TITLE	AS
STREET ADDRESS	EAB PLAZA-EAST TOWER, 15th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556-0125
NAME	SHARON PROBST
TITLE	AS
STREET ADDRESS	231 EAST AVENUE
CITY-ST-ZIP	ALBION, NY 14411
NAME	ROBERT F. GERRY
TITLE	T
STREET ADDRESS	EAB PLAZA-EAST TOWER, 15th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556-0125

AS = Assistant Secretary  
AVP = Assistant Vice President  
T = Treasurer