

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10148

1. Entity Name

NEW JERSEY MORTGAGE AND INVESTMENT CORP.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90120 041 \*\*\*150.00

Principal Place of Business	Mailing Address
5 BECKER FARM ROAD POST OFFICE BOX M ROSELAND NJ 07068-0912 US	111 PRESIDENTIAL BLVD 215 BALA LYNWYD PA 19004-1004 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 982 Suite, Apt. #, etc.
City & State	City & State Bala Cynwyd, PA
Zip	Country
19004	



DO NOT WRITE IN THIS SPACE

4. FEI Number	22-1153363	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
V LEVIN, DAVID M 111 PRESIDENTIAL BLVD STE 215 BALA LYNWYD PA 19004	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP BUCCI, DANIEL O 5 BECKER FARM RD ROSELAND NJ 27	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P FURST, JOEL E. 26 PROSPECT ST. LIVINGSTON NJ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SANTILLI, ANTHONY JR 111 PRESIDENTIAL BLVD STE 215 BALA LYNWYD PA 19007	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David M. Levin **NOT REQUIRED** 5/10/00 610-617-5568  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #