

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90146 031 ***150.00

DOCUMENT # **D17757** ✓

1. Entity Name
Delta Funding Corporation

656320

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1000 Woodbury Road		3. Mailing Address 1000 Woodbury Road	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Woodbury, NY		City & State Woodbury, NY	
Zip 11797	Country USA	Zip 11797	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2609517

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City **Plantation** **FL** Zip Code **33324**

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

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

(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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Chairman of Board, Director
Miller, Sidney A
10 Ballantine Place, Great
Neck, NY 11024**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President, Director
Miller, Hugh
14 Eagle Chase, Woodbury,
NY 11797**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Executive Vice President &
Treasurer
Blass, Richard
22 Wharton Place, Melville,
NY 11747**

TITLE
NAME
STREET ADDRESS
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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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Blass, Treasurer **4/23/02**

Date

Daytime Phone #
516-364-8500

CR2E034B (12/01)