2005 FOR PROFIT CORPORATION ANNUAL REPORT

د په سرموا

SIGNATURE:

FILED May 03, 2005 8:00 am Secretary of State

| 1. Entity Nam | e | # P17757 CORPORATION | | | | | | | 05-0 | 3-2005 | 90139 0 | 10 ***) | 150.0 | 00 |
|--|------------------------------------|---|----------------------|---|--------------|--|-------------------------|---|--|--------------------------------------|---|---|----------------------------|-----------------------------------|
| Principal Place of Business 1000 WOODBURY RD. SUITE 200 WOODBURY, NY 11797 US | | | 1000 W Suite 2 | Mailing Address 1000 WOODBURY RD. SUITE 200 WOODBURY, NY 11797 US | | | | 50046891 | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 04132005 | Chg | ı-P | CR2EC | 34 (10/0 | 3) | |
| City & State | | | City & | City & State | | | | 4. FEI Numb 11-260 | | | | | | ed For pplicable |
| Zip Country | | | Zip Country | | | try | | 5. Certificate | of Status | Desired | | \$8.75 / Fee Requ | | onal |
| | 6. Name | and Address of Current | Registered / | Agent | | Nome. | | 7. Name and | Address | of New F | legistered . | Agent | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | |
| | | | | | | City | | | | | FL | Zip C | ode | |
| | named entit ions of regis | ty submits this statement for tered agent. | or the purpose | e of changing its | registere | i ad office or reg | gister | ed agent, or bo | th, in the S | State of Flo | | <u> </u> | ith, an | d accept |
| SIGNATURE_ | Signature, typed | or printed name of registered ageni | and title if applica | ble, (NOT | E: Registere | d Agent signature rec | quired | when reinstating) | | | DATE | | | |
| FIL After Ma | E NOW!!! ay 1, 200 | FEE IS \$150.00 5 Fee will be \$550. | | Election Campa Trust Fund Cont | | | \$5. Add | 00 May Be ed to Fees | | | | | | |
| 10. | · | OFFICERS AND | DIRECTORS | 1 | 11. | | | ADDITIONS | /CHANGE | S TO OFF | ICERS AND | | | N 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10 BALLA | SIDNEY A. ANTINE LANE JECK, NY 11024 | | ☐ Delete | | · | | | | | | ∏ Chang | je (| Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MILLER, 80 COVE WOODBL | | | ☐ Delete | | | · | | | | | ☐ Chang | je (| Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | I | RICHARD RTON PLACE E, NY 11747 | | ☐ Delete | | | | | | | | ☐ Chang | je (| Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | MARC E RY LANE T, NY 11791 | , | ☐ Delete | | | | | | | | Chang | je | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | LEE ING HILL ROAD JRY, NY 11797 | | ☐ Delete | | | | | | | | ☐ Chang | je i | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | additional pa | | □ Delete | ÇITY | E ET ADDRESS -ST-ZIP | | | | | | ☐ Chang | | Addition |
| i of the cor | poration or t | e information supplied wit of or supplemental report he receiver or trustee emp achment with an address, | owered to ex | acute this report | as requi | mption stated i ture shall have red by Chapter | in Se the s r 607 | ction 119.07(3) same legal effe ', Florida Statut | (i), Florida ct as if ma as; and the | Statutes. ide under at my narr | I further ce oath; that I e appears | rtify that th am an offic in Block 10 | e info cer or 0 or B | rmation director lock 11 if |

Richard Blass

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

4/19 /2005

516-364-8500

ATTACHMENT

4/19/2005

Daytime Phone #

2005 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P17757 DELTA FUNDING CORPORATION** Principal Place of Business Mailing Address 1000 WOODBURY RD. 1000 WOODBURY RD. 50046891 SUITE 200 SUITE 200 WOODBURY, NY 11797 WOODBURY, NY 11797 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04152005 Cha-P Applied For City & State City & State 4. FFI Number 11-2609517 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **EVPD ₹** Delete CD TITLE TITLE Lee Miller MILLER, SIDNEY A. NAME NAME 10 BALLANTINE LANE STREET ADDRESS STREET ADDRESS 16 Hunting Hill Road CITY-ST-ZIP GREAT NECK, NY 11024 CITY-ST-ZIP Woodbury NY 11797 PD Addition Delete TITLE ☐ Change TITLE EVP NAME MILLER, HUGH NAME Randall Michaels 80 COVES RUN STREET ADDRESS STREET ADDRESS 114 Asharoken Road Northport NY 11768 CITY-ST-ZIP WOODBURY, NY 11797 CITY-ST-ZIP **Addition** ☐ Defete TITLE Change TITLE BLASS, RICHARD NAME Franklin E. Pellegrin, Jr. NAME STREET ADDRESS 22 WHARTON PLACE STREET ADDRESS 67 Aberdeen Road CITY-ST-ZIP MELVILLE, NY 11747 CITY-ST-ZIP <u>Smithtown NY 11787</u> **X** Addition Change SSVP ☐ Defete TITLE SVP MILLER, MARC E NAME NAME Dean Kramer STREET ADDRESS STREET ADDRESS 39 CHERRY LANE 48 Plymouth Avenue CITY-ST-ZIP CITY-ST-ZIP SYOSSET, NY 11791 Mt. Sinai NY 11766 ☐ Delete ☐ Change Addition TITLE TITLE **EVP** MILLER, LEE NAME NAME Carla Biancaniello STREET ADDRESS 16 HUNTING HILL ROAD STREET ADDRESS 31 Auden Avenue WOODBURY, NY 11797 CITY-ST-ZIP CITY-ST-ZIP Melville NY 11747 Addition ☐ Delete ☐ Change TITLE TITLE SVP William Walter NAME NAME STREET ADDRESS STREET ADDRESS 59 Cedar Road CITY-ST-ZIP CITY-ST-ZIP <u>East Northport</u> NY 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

ATTACHMENT

2005 FOR PROFIT CORPORATION

| <u> </u> | ANNUAL | REPORT | | | | | | | | | |
|--|---|---|---------------|------------------------|---|------------------------|----------------------------|--------------|---------------------------|--|--|
| | MENT # P17757 | | | A | | | | | | | |
| 1. Entity Name DELTA FUNDING CORPORATION | | | | | | | | | | | |
| Principal Plac 1000 WOODI SUITE 200 WOODBURY, | BURY RD. | Mailing Address 1000 WOODBURY RD. SUITE 200 WOODBURY, NY 11797 US | | | 111 | 500 | 246 | ,8" | 7/ | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 04152005 | Chg-P | CR2E034 | (10/03) | | | | |
| City & Stat | 8 | City & State | | | 4. FEI Number 11-2609 | | | | plied For t Applicable | | |
| Zip | Country | Zíp | Count | try | 5. Certificate o | 8.75 Add e Required | .75 Additional Required | | | | |
| | 6. Name and Address of Current | Registered Agent | | Nama | 7. Name and A | ddress of New R | legistered Ag | ent | | | |
| | C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | , | | | | | | |
| | | | | City | | | FL | Zip Code | 9 | | |
| | named entity submits this statement for ions of registered agent. | or the purpose of changing its | registere | ed office or regis | stered agent, or both | , in the State of Flo | orida. I am fan | niliar with, | and accept | | |
| SIGNATURE. | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | : Registered | i Agent signature requ | uired when reinstating) | | DATE | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550. | 9. Election Campai Trust Fund Contr | | | 5.00 May Be Added to Fees | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OFF | ICERS AND D | IRECTORS | S IN 11 | | |
| TITLE NAME | CD MILLER, SIDNEY A. | ☐ Delete | TITLE | · I - | SVP Richard Ias | naro | | Change | Addition | | |
| STREET ADDRESS | 10 BALLANTINE LANE STR | | | ET ADDRESS 1 | 160 Pace Drive South | | | | | | |
| CITY-ST-ZIP | GREAT NECK, NY 11024 PD | | | | Vest Islip | NY 1179 | 95 | 7.05 | C sarria | | |
| title Name | MILLER, HUGH | ☐ Delete | TITLE NAME | 1 | | | L | ☐ Change | Addition | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS -St-Zip | | | | | | | |
| TITLE | EVPD | ☐ Delete | TITLE | | *** | | [| Change | Addition | | |
| NAME STREET ADDRESS | BLASS, RICHARD 22 WHARTON PLACE | | NAME STREE | E Et adoress | | | | | | | |
| CITY-ST-ZIP | MELVILLE, NY 11747 | | | ST-ZIP | | | | | | | |
| TITLE NAME | SSVP MILLER, MARC E | ☐ Detete | TITLE | | | | C | Change | ☐ Addition | | |
| STREET ADDRESS | 39 CHERRY LANE | | STREE | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | SYOSSET, NY 11791 | | - | -ST-ZiP | | | | T Channe | Addition | | |
| TITLE NAME | EVP MILLER, LEE | ☐ Delete | NAME | l. | | | L | _ Change | ☐ Addition | | |
| STREET ADDRESS CITY-ST-ZIP | 16 HUNTING HILL ROAD WOODBURY, NY 11797 | | | ET ADDRESS -ST-ZIP | | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | Change | Addition | | |
| NAME Street address | | | NAME STREE | ET ADORESS | | | | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | | | | |
| 12. 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 in 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | | | | | | | | | | |
| SIGNATURE: 4/19/2005 SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR Data Daylimo Phone 9 | | | | | | | | | | | |