



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90139 010 ***150.00

DOCUMENT # P17757 1. Entity Name DELTA FUNDING CORPORATION					
Principal Place of Business 1000 WOODBURY RD. SUITE 200 WOODBURY, NY 11797 US			Mailing Address 1000 WOODBURY RD. SUITE 200 WOODBURY, NY 11797 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-2609517	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MILLER, SIDNEY A. 10 BALLANTINE LANE GREAT NECK, NY 11024 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, HUGH 80 COVES RUN WOODBURY, NY 11797 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD BLASS, RICHARD 22 WHARTON PLACE MELVILLE, NY 11747 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSVP MILLER, MARC E 39 CHERRY LANE SYOSSET, NY 11791 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MILLER, LEE 16 HUNTING HILL ROAD WOODBURY, NY 11797 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete See additional pages		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 		Richard Blass		4/19 /2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 516-364-8500	


50046891



04132005 Chg-P CR2E034 (10/03)

ATTACHMENT

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 11-2609517				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MILLER, SIDNEY A. 10 BALLANTINE LANE GREAT NECK, NY 11024	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, HUGH 80 COVES RUN WOODBURY, NY 11797	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD BLASS, RICHARD 22 WHARTON PLACE MELVILLE, NY 11747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSVP MILLER, MARC E 39 CHERRY LANE SYOSSET, NY 11791	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MILLER, LEE 16 HUNTING HILL ROAD WOODBURY, NY 11797	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD Lee Miller 16 Hunting Hill Road Woodbury NY 11797	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV Randall Michaels 114 Asharoken Road Northport NY 11768	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Franklin E. Pellegrin, Jr. 67 Aberdeen Road Smithtown NY 11787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Dean Kramer 48 Plymouth Avenue Mt. Sinai NY 11766	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Carla Biancianiello 31 Auden Avenue Melville NY 11747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP William Walter 59 Cedar Road East Northport NY 11731	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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SIGNATURE: _____ 4/19/2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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1. Entity Name
DELTA FUNDING CORPORATIONPrincipal Place of Business
1000 WOODBURY RD.
SUITE 200
WOODBURY, NY 11797 USMailing Address
1000 WOODBURY RD.
SUITE 200
WOODBURY, NY 11797 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152005

Chg-P

CR2E034 (10/03)

4. FEI Number
11-2609517Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	MILLER, SIDNEY A.	
STREET ADDRESS	10 BALLANTINE LANE	
CITY-ST-ZIP	GREAT NECK, NY 11024	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, HUGH	
STREET ADDRESS	80 COVES RUN	
CITY-ST-ZIP	WOODBURY, NY 11797	

TITLE	EVPD	<input type="checkbox"/> Delete
NAME	BLASS, RICHARD	
STREET ADDRESS	22 WHARTON PLACE	
CITY-ST-ZIP	MELVILLE, NY 11747	

TITLE	SSVP	<input type="checkbox"/> Delete
NAME	MILLER, MARC E	
STREET ADDRESS	39 CHERRY LANE	
CITY-ST-ZIP	SYOSSET, NY 11791	

TITLE	EVP	<input type="checkbox"/> Delete
NAME	MILLER, LEE	
STREET ADDRESS	16 HUNTING HILL ROAD	
CITY-ST-ZIP	WOODBURY, NY 11797	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Iasparo	
STREET ADDRESS	160 Pace Drive South	
CITY-ST-ZIP	West Islip NY 11795	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2005

Date

Daytime Phone #