

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90157 020 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P17757**

1. Entity Name  
**DELTA FUNDING CORPORATION**



Principal Place of Business  
**1000 WOODBURY RD.  
 SUITE 200  
 WOODBURY, NY 11797**

Mailing Address  
**1000 WOODBURY RD.  
 SUITE 200  
 WOODBURY, NY 11797**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1000 Woodbury Road**  
 Suite, Apt. #, etc.  
**Suite 200**

3. Mailing Address  
**1000 Woodbury Road**  
 Suite, Apt. #, etc.  
**Suite 200**

City & State  
**Woodbury NY**

City & State  
**Woodbury NY**

4. FEI Number **11-2609517** Applied For   
 Not Applicable

Zip **11797** Country **USA** Zip **11797** Country **USA**

5. Certificate of Status Desired  **\$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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$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	Secretary/Sr. Vice Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marc E. Miller 39 Cherry Lane Syosset NY 11791
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, HUGH I. 14 EAGLE CHASE WOODBURY, NY 11797 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lee Miller 16 Hunting Hill Road Woodbury NY 11797
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	<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	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	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** **4/16/2003** **516-364-8500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (10/02)