**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 29 AM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000087085 (4)

1. Corporation Name

Factors Funding Company

| Principal Place of Business | Mailing Address |
|---|---|
| 3111 N. University Dr. #72508<br>Coral Springs, FL 33065 | 3111 N. University Dr.<br>#72508<br>Coral Springs, FL<br>33065 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 11/28/1994 | 3a. Date of Last Report: |
| 4. FEI Number: 04 3219496 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired: XX | $8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution: ☐ | $5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes XX No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| Benner, Eliot<br>3111 N. University Dr., 72508<br>Coral Springs, FL 33065 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City: FL / 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | President | 11 TITLE | ☐ Change ☐ Addition |
| NAME | Jane Bernson | 12 NAME | unchanged |
| STREET ADDRESS | 311 N University Dr. #72508 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | Coral Springs, FL 33065 | 14 CITY-ST-ZIP | |
| TITLE | Vice President | 21 TITLE | X Change ☐ Addition |
| NAME | Alan Bernson | 22 NAME | take out |
| STREET ADDRESS | 3111 N University Dr. #72508 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | Coral Springs, FL 33065 | 24 CITY-ST-ZIP | |
| TITLE | Treasurer | 31 TITLE | ☐ Change ☐ Addition |
| NAME | Irving Kaplan | 32 NAME | unchanged |
| STREET ADDRESS | 10 Forsyth St. | 33 STREET ADDRESS | |
| CITY-ST-ZIP | Chelsea, MA 02150 | 34 CITY-ST-ZIP | |
| TITLE | Secretary-Clerk | 41 TITLE | ☐ Change ☐ Addition |
| NAME | Kathy LaVita | 42 NAME | unchanged |
| STREET ADDRESS | 19 Temple St. | 43 STREET ADDRESS | |
| CITY-ST-ZIP | Revere, MA 02151 | 44 CITY-ST-ZIP | |
| TITLE | Vice President | 51 TITLE | ☐ Change X Addition |
| NAME | Carri Lynn Edgerton | 52 NAME | |
| STREET ADDRESS | 21 Singlefoot Drive | 53 STREET ADDRESS | |
| CITY-ST-ZIP | Chelmosford, MA | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | CH |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Jane Bernson JANE BERNSON President 6/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #