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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:00

DOCUMENT # P26806 (0)

1. Corporation Name
FIRST SUFFOLK MORTGAGE CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
87 NEWTOWN LANE EAST HAMPTON NY 11937	87 NEWTOWN LANE EAST HAMPTON NY 11937

3. Date Incorporated or Qualified: 11/01/1989
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 11-2645869 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $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 ☒ No

9. Name and Address of Current Registered Agent

MURRAY, SHARON
209 MICMAC LANE
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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	PD	1.1 TITLE	C/D	☒ Change ☐ Addition
NAME	TOMPKINS, JAMES R.	1.2 NAME	TOMPKINS, JAMES R.	
STREET ADDRESS	BULL RUN	1.3 STREET ADDRESS	BULL RUN	
CITY-ST-ZIP	EAST HAMPTON NY	1.4 CITY-ST-ZIP	EAST HAMPTON, NY 11937	
TITLE	VT	2.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, SHARON	2.2 NAME		
STREET ADDRESS	209 MICMAC LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	GAUTHIER, DONALD JR.	3.2 NAME		
STREET ADDRESS	HIGH ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SAG HARBOR NY	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	P	☐ Change ☒ Addition
NAME		4.2 NAME	INGEGNO, GLORIA	
STREET ADDRESS		4.3 STREET ADDRESS	92 LINDA LANE WEST	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	RIVERHEAD, NY 11901	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: [signature] GLORIA INGEGNO 03/17/95 (516)324-7070
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0484540 FN