

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90002 040 \*\*\*150.00

0574201

**DOCUMENT # 408187**  
 1. Entity Name  
**CHASE HOME MORTGAGE CORPORATION OF THE SOUTHEAST**

Principal Place of Business <b>4915 INDEPENDENCE PARKWAY TAMPA FL 33634-4540</b>	Mailing Address <b>343 THORNALL STREET C/O LEGAL DEPARTMENT EDISON NJ 08837 US</b>
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**A0038461**



DO NOT WRITE IN THIS SPACE

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 <b>59-1413442</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S PINE ISLAND RD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	DT MOURIDY, GLENN	<input type="checkbox"/> Delete
STREET ADDRESS	343 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE NAME	S SHEEHAN, MARGUERITE	<input type="checkbox"/> Delete
STREET ADDRESS	343 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE NAME	D MOLLHAGEN, WILLIAM C	<input type="checkbox"/> Delete
STREET ADDRESS	343 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE NAME	PD COOPER, SAMUEL H.	<input type="checkbox"/> Delete
STREET ADDRESS	300 TICE BLVD 3RD FL N	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	
TITLE NAME	VP CRAUFURD, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS	4915 INDEPENDENCE PKWY	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	EVP HALL, DEANE W.	<input type="checkbox"/> Delete
STREET ADDRESS	6900 SOUTHPOINT DR N	
CITY-ST-ZIP	JACKSONVILLE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	VP Jacqueline Gibbs	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	343 Thornall St.	
CITY-ST-ZIP	Edison, NJ	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacqueline Gibbs **3-30-01** 732 205-0758  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Jacqueline Gibbs, Vice President**

CR2E034 (10/00)