

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90007 008 \*\*\*150.00

DOCUMENT # 852984

1. Corporation Name CHASE MORTGAGE SERVICES, INC.



Principal Place of Business 343 THORNALL ST EDISON NJ 08837 US

Mailing Address LEGAL DEPARTMENT - 8TH FLOOR 343 THORNALL STREET EDISON NJ 08837 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip Country (24) (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip Country (29) (30)

3. Date Incorporated or Qualified 05/25/1982

4. FEI Number 22-2318907 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 owes the current year Intangible Personal Property Tax. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DV	<input type="checkbox"/>
NAME	HALL, DEANE W.	
STREET ADDRESS	6900 SOUTHPPOINT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	V	<input type="checkbox"/>
NAME	GORMAN, GREGG	
STREET ADDRESS	343 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE	VS	<input type="checkbox"/>
NAME	SHEEHAN, MAGUERITE	
STREET ADDRESS	343 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE	VT	<input type="checkbox"/>
NAME	MOURIDY, GLENN	
STREET ADDRESS	343 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE	CD	<input type="checkbox"/>
NAME	JACOB, THOMAS	
STREET ADDRESS	343 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE	DV	<input type="checkbox"/>
NAME	COOPER, SAMUEL H.	
STREET ADDRESS	300 TICE BLVD 3RD FLOOR N	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: Marguerite Sheehan SIGNATURE REQUIRED  
Marguerite Sheehan, Senior Vice President

4/5/99 (732) 205-0600  
Date Daytime Phone #