

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90117 003 \*\*\*150.00

**DOCUMENT # 852984**

1. Entity Name  
**CHASE MORTGAGE SERVICES, INC.**

Principal Place of Business: **343 THORNALL ST EDISON NJ 08837**

Mailing Address: **LEGAL DEPARTMENT - 8TH FLOOR 343 THORNALL STREET EDISON NJ 08837-2206 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **950 4TH AVE 23rd Fl**

3. Mailing Address: **Clouds Ready Corp**

Suite, Apt. #, etc.: **23rd Fl**

Suite, Apt. #, etc.: **950 4TH AVE 23rd Fl**

City & State: **NY NY**

City & State: **NY NY**

Zip: **10022**

Country: **NY**

Zip: **10022**

Country: **NY**

4. FEI Number: **22-2318907**

Applied For:

Not Applicable:

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 RD.**  
**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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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: <b>DV</b>	NAME: <b>HALL, DEANE W.</b> <input checked="" type="checkbox"/> Delete
STREET ADDRESS: <b>6900 SOUTHPOINT DR</b>	CITY-ST-ZIP: <b>JACKSONVILLE FL 32216</b>
TITLE: <b>V</b>	NAME: <b>GORMAN, GREGG</b> <input checked="" type="checkbox"/> Delete
STREET ADDRESS: <b>343 THORNALL ST</b>	CITY-ST-ZIP: <b>EDISON NJ</b>
TITLE: <b>VS</b>	NAME: <b>SHEEHAN, MAGUERITE</b> <input checked="" type="checkbox"/> Delete
STREET ADDRESS: <b>343 THORNALL ST</b>	CITY-ST-ZIP: <b>EDISON NJ</b>
TITLE: <b>VT</b>	NAME: <b>MOURIDY, GLENN</b> <input checked="" type="checkbox"/> Delete
STREET ADDRESS: <b>343 THORNALL ST</b>	CITY-ST-ZIP: <b>EDISON NJ</b>
TITLE: <b>CD</b>	NAME: <b>JACOB, THOMAS</b> <input checked="" type="checkbox"/> Delete
STREET ADDRESS: <b>343 THORNALL ST</b>	CITY-ST-ZIP: <b>EDISON NJ</b>
TITLE: <b>DV</b>	NAME: <b>COOPER, SAMUEL H.</b> <input checked="" type="checkbox"/> Delete
STREET ADDRESS: <b>300 TICE BLVD 3RD FLOOR N</b>	CITY-ST-ZIP: <b>WOODCLIFF LAKE NJ</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>Pres Secy, Treas, Dir.</b>	NAME: <b>JAMES HADEN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>950 4TH AVE 23rd Fl</b>	CITY-ST-ZIP: <b>NY NY 10022</b>
TITLE: <b>V</b>	NAME: <b>IRWIN, N ROSEN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>950 4TH AVE 23rd Fl</b>	CITY-ST-ZIP: <b>NY NY 10022</b>
TITLE: _____	NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **3/20/00 212 688-2700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #