

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B92000000012

1. Entity Name

GREENTREE MORTGAGE COMPANY, L.P., LIMITED PARTNE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 15 AM 9:18



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10005 ATRIUMS AT GREENTREE MARLTON NJ 08053	Mailing Address 10005 ATRIUMS AT GREENTREE MARLTON NJ 08053
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 22-3188285	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date. \$0.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P41143 GREENTREE MANAGEMENT CORPORATION 181 HARBOR DRIVE STAMFORD CT 06902
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	000003193650--3 -04/03/00--01093--024 ****150.00 ****150.00
CITY - ST - ZIP	<i>ny 3122/00</i>
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** JOHN A. MIRENDA, SENIOR VICE PRESIDENT 3/8/00 596-8858
Date _____ Daytime Phone # _____

CR2E003 (9/99)