

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

0615269 AT

06-02-2003 90192 038 ***550.00

DOCUMENT # F00000000451



1. Entity Name
ELITEAGENTS MORTGAGE SERVICES, INC.

Principal Place of Business
**39 PLYMOUTH STREET
FAIRFIELD NJ 07004**

Mailing Address
**39 PLYMOUTH STREET
FAIRFIELD NJ 07004**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3627297**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Mangel*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P DEMORY, CHARLES J**
STREET ADDRESS **2 SOUTH 500 BEECHWOOD AVENUE**
CITY-ST-ZIP **GLEN ELLYN IL 60137**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **EXVP MANGEL, JOHN III**
STREET ADDRESS **63 WARWICK ROAD**
CITY-ST-ZIP **WINNETKA IL 60093**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **EXVP CONYACK, HOWARD H**
STREET ADDRESS **10 SAUNDERS LANE**
CITY-ST-ZIP **HACKETSTOWN NJ 07840**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S DUNN, JOHN M**
STREET ADDRESS **3 HILLSDALE AVENUE**
CITY-ST-ZIP **LONG BRANCH NJ 07740**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VP REMETZ, CHRIS**
STREET ADDRESS **12 PUTTERS LANE**
CITY-ST-ZIP **SUCCASUNNA NJ 07876**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VP CHRISBACHER, GEORGE**
STREET ADDRESS **8 GLEN ROAD**
CITY-ST-ZIP **WAYNE NJ 07470**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Mangel* **RENEWED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03

847.501-5223

Date Daytime Phone #

CR2E034 (10/02)