

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001021

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** CHASE HOME FINANCE LLC

**Current Principal Place of Business:**

194 WOOD AVENUE SOUTH  
2ND FLOOR  
ISELIN, NJ 08830

**New Principal Place of Business:**

**Current Mailing Address:**

194 WOOD AVENUE SOUTH  
2ND FLOOR  
ISELIN, NJ 08830

**New Mailing Address:**

**FEI Number:** 20-1897196

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LOWMAN, DAVID B  
Address: 194 WOOD AVENUE SOUTH, FLOOR 4  
City-St-Zip: ISELIN, NJ 08830

Title: MGR  
Name: O'HARA, LAURA P  
Address: 194 WOOD AVENUE SOUTH  
City-St-Zip: ISELIN, NJ 08830

Title: MGR  
Name: SCHNEIDER, DAVID  
Address: 194 WOOD AVENUE SOUTH  
City-St-Zip: ISELIN, NJ 08830

Title: MGR  
Name: GREAVES, KIM D  
Address: 3415 VISION DRIVE FLOOR 1  
City-St-Zip: COLUMBUS, OH 43219

Title: MGR  
Name: LAKSHMINARAYAN, RAMESH  
Address: 194 WOOD AVENUE SOUTH  
City-St-Zip: ISELIN, NJ 08830

Title: MGR  
Name: RAVISHANKAR, KETTAVARANPALA  
Address: 194 WOOD AVENUE SOUTH  
City-St-Zip: ISELIN, NJ 08830

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAURA P. O'HARA

MGR

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date