

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000979

1. Entity Name

CENDANT HOME MORTGAGE LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 AM 11:59

Principal Place of Business Mailing Address  
3000 LEADENHALL ROAD 3000 LEADENHALL ROAD  
MT LAUREL NJ 08054 MT LAUREL NJ 08054-4606

2. Principal Place of Business 3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 22-3662139 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$5.00 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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR EDWARDS, TERENCE W  Delete  
STREET ADDRESS 3000 LEADENHALL RD.  
CITY-ST-ZIP MT LAUREL NJ

TITLE NAME  Change  Add  
200003123212-5  
-02/03/00--01102--020  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME MGR GROODY, ROBERT E  Delete  
STREET ADDRESS 3000 LEADENHALL RD.  
CITY-ST-ZIP MT LAUREL NJ

TITLE NAME  Change  Add  


TITLE NAME MGR MCMAHON, BRIEN J  Delete  
STREET ADDRESS 3000 LEADENHALL RD.  
CITY-ST-ZIP MT LAUREL NJ

TITLE NAME  Change  Add

TITLE NAME MGR HUNT, GERGORY  Delete  
STREET ADDRESS 6 SYLVAN WAY  
CITY-ST-ZIP PARSIPPANY NJ

TITLE NAME  Change  Add

TITLE NAME MGR BECKER, ROBERT M  Delete  
STREET ADDRESS 6 SYLVAN WAY  
CITY-ST-ZIP PARSIPPANY NJ

TITLE NAME  Change  Add

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Add  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 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:  **SIGNATURE REQUIRED** Robert E. Groody, Mgr. 1-19-00 856-917-6822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #