

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P19187 (4)
 1. Corporation Name
THE PRUDENTIAL HOME MORTGAGE COMPANY, INC.



Principal Place of Business 7470 EAST NEW TECHNOLOGY WAY STE 1400 FREDERICK MD 21703 US	Mailing Address 7470 EAST NEW TECHNOLOGY WAY POST OFFICE BOX 4198 FREDERICK MD 21705-198 US
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
05/10/1988

2. Principal Place of Business 21 7470 E NEW TECHNOLOGY WAY Suite, Apt. #, etc. 22 City & State 23 FREDERICK, MD 21703 Zip 24 21703 Country 25 U.S.A.	2a. Mailing Address 26 7470 E NEW TECHNOLOGY WAY Suite, Apt. #, etc. 27 P.O. BOX 4198 City & State 28 FREDERICK, MD 21705-4198 Zip 29 21705-4198 Country 30 U.S.A.	4. FEI Number 22-2221081 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE AS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HALL, SHERRILL M		1.2 NAME CAROLYN PUMPHREY	
STREET ADDRESS 7470 E. NEW TECHNOLOGY WAY		1.3 STREET ADDRESS 7470 E NEW TECHNOLOGY WAY	
CITY-ST-ZIP FREDERICK MD		1.4 CITY-ST-ZIP FREDERICK, MD 21703	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE 100 MULBERRY STREET, GATEWAY 4, 9TH FLOOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRABKA, GARY D		2.2 NAME NEWARK, NJ 07102	
STREET ADDRESS 495 HIGHLAND AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP UPPER MONTCLAIR NY		2.4 CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRAIG, BARBARA L		3.2 NAME	
STREET ADDRESS 7470 E. NEW TECHNOLOGY WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP FREDERICK MD		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE DIRECTOR/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAPLIN, C. EDWARD		4.2 NAME	
STREET ADDRESS 17 RIDGE ROAD		4.3 STREET ADDRESS 751 BROAD STREET	
CITY-ST-ZIP SUMMIT NJ		4.4 CITY-ST-ZIP NEWARK, NJ 07102	
TITLE PD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MELLOTT, RUSSELL B		5.2 NAME VIRGINIA CONE	
STREET ADDRESS 8101 ASHFORD COURT		5.3 STREET ADDRESS 13001 COUNTY ROAD 10	
CITY-ST-ZIP FREDERICK MD		5.4 CITY-ST-ZIP PLYMOUTH, MN 55442	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHMID, WILLIAM E		6.2 NAME	
STREET ADDRESS 401 HEIGHTS ROAD		6.3 STREET ADDRESS 71 HANOVER ROAD	
CITY-ST-ZIP RIDGEWOOD NJ		6.4 CITY-ST-ZIP FLORHAM PARK, NJ 07932	

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with a address.

SIGNATURE: *Carolyn Pumphrey* CAROLYN PUMPHREY PRESIDENT (301) 624-1700

CR2E034 (10/97)