2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 19, 2002 8:00 am Secretary of State 408187 DOCUMENT # 1. Entity Name CHASE HOME MORTGAGE CORPORATION OF THE SOUTHEAST 02-19-2002 90017 017 ***150.00 Mailing Address Principal Place of Business 4915 INDEPENDENCE PARKWAY 343 THORNALL STREET TAMPA FL 33634-4540 C/O LEGAL DEPARTMENT EDISON NJ 08837 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1413442 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD PLANTATION FL 33324 Zip Code City 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) 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. उर्वे स्थाप भू DT 3 TITLE ☐ Change ☐ Addition TITLE Delete MOURIDY, GLENN MARKE NAME STREET ADDRESS STREET ADDRESS 343 THORNALL ST CITY-ST-ZIP EDISON NJ CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SHEEHAN, MARGUERITE NAME NAME STREET ADDRESS 343 THORNALL ST STREET ADDRESS CITY-ST-7IP EDISON NJ CITY-ST-ZIE ☐ Change **Addition** TITLE Delete TITLE Dzulauf, David 343 Thornall Street MOLLHAGEN, WILLIAM C NAME NAME 343 THORNALL ST STREET ADDRESS STREET ADDRESS Edison NJ 08837 CITY-ST-ZIP CITY-ST-ZIP **EDISON NJ** ☐ Change ☐ Addition TITLE PD Delete TITLE. COOPER, SAMUEL H. NAME NAME 300 TICE BLVD 3RD FL N STREET ADDRESS STREET ADDRESS CITY-ST-7IP WOODCLIFF LAKE NJ CITY-ST-ZIP Friedman, Panela Delete TITLE ☐ Change Addition THIE CRAUFURD, SUSAN NAME NAME 313 thornall street STREET ADDRESS STREET ADDRESS 4915 INDEPENDENCE PKWY Edison, NJ 08837 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition **EVP** ☐ Delete TITLE HALL: DEANE W. NAME NAME STREET ADDRESS STREET ADDRESS 6900 SOUTHPOINT DR N CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP 13. 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 11 or Block 12 if

FILED