

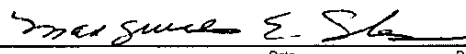


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90012 045 ***550.00

DOCUMENT # 408187 1. Entity Name CHASE HOME MORTGAGE CORPORATION OF THE SOUTHEAST					
Principal Place of Business 4915 INDEPENDENCE PARKWAY TAMPA, FL 33634-4540			Mailing Address 343 THORNALL STREET C/O LEGAL DEPARTMENT EDISON, NJ 08837 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 194 Wood Ave South Suite, Apt. #, etc. c/o Legal Department		50062977 	
City & State		City & State Iselin, NJ 08830		4. FEI Number 59-1413442	
Zip 08830		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOYLE, ROTIN A 343 THORNALL ST EDISON, NJ 08837	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHEEHAN, MARGUERITE 343 THORNALL ST EDISON, NJ	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Sheehan, Marguerite 194 Wood Ave S Iselin, NJ 08830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BINDER, TAJVINDER 343 THORNALL STREET EDISON, NJ 08837	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COOPER, SAMUEL H. 300 TICE BLVD 3RD FL N WOODCLIFF LAKE, NJ	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FRIEDMAN, PAMELA 343 THORNALL STREET EDISON, NJ 08837	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP HALL, DEANE W. 6900 SOUTHPPOINT DR N JACKSONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	10151 Deerwood Park Blvd Jacksonville, FL 32256
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: Marguerite Sheehan 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					