2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 408187

FILED Sep 01, 2006 Secretary of State

Entity Name: CHASE HOME MORTGAGE CORPORATION OF THE SOUTHEAST

Littly Na	IIIe. CHASET	OVIL WORTGAGE CORPORA	ATION OF THE 300	THEAST	
Current Principal Place of Business:			New Principal Place of Business:		
	EPENDENCE P L 336344540	ARKWAY			
Current Mailing Address:			New Mailing Address:		
	D AVE SOUTH L DEPARTME J 08830 US				
FEI Number	: 59-1413442	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1200 S PIN	ORATION SYS NE ISLAND RD ION, FL 33324				
	e named entity s e of Florida.	submits this statement for the p	urpose of changing i	its registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	S () SHEEHAN, MAF 194 WOOD AVE ISELIN, NJ 088	ES	Title: Name: Address: City-St-Zip:	S (X) Change () Addition SHEEHAN, MARGUERITE E 194 WOOD AVE S-2ND FL- LEGAL ISELIN, NJ 08830	
Title: Name: Address: City-St-Zip:	PD () COOPER, SAM 300 TICE BLVD WOODCLIFF L	3RD FL N	Title: Name: Address: City-St-Zip:	P (X) Change () Addition COOPER, SAMUEL H. 300 TICE BLVD 3RD FL N WOODCLIFF LAKE, NJ 07677	
Title: Name: Address: City-St-Zip:	D () POWELL, SCO 270 PARK AVE NEW YORK, N	FLOOR 10	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BETZ, WILLIAM R 194 WOOD AVENUE SOUTH/2ND FL - LEGAL ISELIN, NJ 08830	
Title: Name: Address: City-St-Zip:	VPAT (X) ROOS, GARY N 3415 VISION DI COLUMBUS, OI	R FLOOR 2	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPAS () O'HARA, LAURA 194 WOOD AVI ISELIN, NJ 088	E SOUTH	Title: Name: Address: City-St-Zip:	VPAS (X) Change () Addition O'HARA, LAURA 194 WOOD AVE SOUTH/2ND FL- LEGAL ISELIN, NJ 08830	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA O'HARA VPAS 09/01/2006