

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 408187

FILED
Jan 03, 2007
Secretary of State

Entity Name: CHASE HOME MORTGAGE CORPORATION OF THE SOUTHEAST

Current Principal Place of Business:

4915 INDEPENDENCE PARKWAY
TAMPA, FL 336344540

New Principal Place of Business:

Current Mailing Address:

194 WOOD AVE SOUTH
C/O LEGAL DEPARTMENT
ISELIN, NJ 08830 US

New Mailing Address:

FEI Number: 59-1413442 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SHEEHAN, MARGUERITE E
Address: 194 WOOD AVE S-2ND FL- LEGAL
City-St-Zip: ISELIN, NJ 08830

Title: P () Delete
Name: COOPER, SAMUEL H.
Address: 300 TICE BLVD 3RD FL N
City-St-Zip: WOODCLIFF LAKE, NJ 07677

Title: D () Delete
Name: BETZ, WILLIAM R
Address: 194 WOOD AVENUE SOUTH/2ND FL - LEGAL
City-St-Zip: ISELIN, NJ 08830

Title: VPAS () Delete
Name: O'HARA, LAURA
Address: 194 WOOD AVE SOUTH/2ND FL- LEGAL
City-St-Zip: ISELIN, NJ 08830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GARVEY, THOMAS M
Address: 194 WOOD AVE S-2ND FL- LEGAL
City-St-Zip: ISELIN, NJ 08830

Title: P (X) Change () Addition
Name: COOPER, SAMUEL H
Address: 300 TICE BLVD 3RD FL N
City-St-Zip: WOODCLIFF LAKE, NJ 07677

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPAS (X) Change () Addition
Name: O'HARA, LAURA
Address: 194 WOOD AVENUE SOUTH, FLOOR 2
City-St-Zip: 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

01/03/2007

Electronic Signature of Signing Officer or Director

_____ Date