

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 21 PM 3: 52

DOCUMENT # **841695** (0)

1. Corporation Name  
**CHEMICAL RESIDENTIAL MORTGAGE CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **205 SMITH STREET C/O LEGAL DEPARTMENT PERTH AMBOY NJ 08861**  
Mailing Address: **205 SMITH STREET C/O LEGAL DEPARTMENT PERTH AMBOY NJ 08861**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/24/1978** 3e. Date of Last Report: **03/07/1994**

2. Principal Place of Business: **343 Thornall Street** 2a. Mailing Address: **343 Thornall Street**

4. FEI Number: **22-1092200** Applied For:  Not Applicable:

Suite, Apt. #, etc.: **c/o Legal Department** City & State: **Edison, New Jersey**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

Zip: **08837** Country: **Middlesex**

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

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:

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRANK, DAVID
STREET ADDRESS	205 SMITH ST
CITY - ST - ZIP	PERTH AMBOY NJ
TITLE	CFOV
NAME	SCHNELWAR, BRUCE
STREET ADDRESS	205 SMITH ST
CITY - ST - ZIP	PERTH AMBOY NJ
TITLE	DVS
NAME	REINHARDT, EILEEN
STREET ADDRESS	205 SMITH ST
CITY - ST - ZIP	PERTH AMBOY NJ
TITLE	DCEO
NAME	BECK, FELIX M
STREET ADDRESS	205 SMITH ST
CITY - ST - ZIP	PERTH AMBOY NJ
TITLE	T
NAME	SPEISER, TERRIE F
STREET ADDRESS	205 SMITH ST
CITY - ST - ZIP	PERTH AMBOY NJ
TITLE	V
NAME	KENNETT, DAVID R
STREET ADDRESS	205 SMITH ST
CITY - ST - ZIP	PERTH AMBOY NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	343 Thornall Street
1.4 CITY - ST - ZIP	Edison, NJ 08837
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CFO/V
2.3 STREET ADDRESS	Glenn Mouridy
2.4 CITY - ST - ZIP	343 Thornall Street Edison, NJ 08837
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	343 Thornall Street
3.4 CITY - ST - ZIP	Edison, NJ 08837
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D/COO
4.3 STREET ADDRESS	Sanford A. Ibrahim
4.4 CITY - ST - ZIP	343 Thornall Street Edison, NJ 08837
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EVP
5.3 STREET ADDRESS	Stephan J. Rotella
5.4 CITY - ST - ZIP	343 Thornall Street Edison, NJ 08837
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	EVP
6.3 STREET ADDRESS	Kenneth E. Wohst
6.4 CITY - ST - ZIP	343 Thornall Street Edison, New Jersey 08837

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(a), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE: *Eileen Reinhardt* 3/22/95 (908) 205-0635  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Eileen Reinhardt, Senior Vice President