

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 841695 (0)			
1. Corporation Name CHASE MANHATTAN MORTGAGE CORPORATION			
Principal Place of Business 343 THORNALL ST % LEGAL DEPT EDISON NJ 08837 US		Mailing Address 343 THORNALL ST % LEGAL DEPT EDISON NJ 08837-2206 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFOD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOURIDY, GLENN	1.2 NAME	
STREET ADDRESS	343 THORNALL ST.	1.3 STREET ADDRESS	
CITY- ST- ZIP	EDISON NJ	1.4 CITY- ST- ZIP	
TITLE	EVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTELLA, STEPHEN J	2.2 NAME	
STREET ADDRESS	343 THORNALL ST.	2.3 STREET ADDRESS	
CITY- ST- ZIP	EDISON NJ	2.4 CITY- ST- ZIP	
TITLE	CEO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOB, THOMAS	3.2 NAME	
STREET ADDRESS	343 THORNALL STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	EDISON NJ 08837	3.4 CITY- ST- ZIP	
TITLE	EVT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOURIDY, GLENN	4.2 NAME	
STREET ADDRESS	343 THORNALL STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	EDISON NJ 08837	4.4 CITY- ST- ZIP	
TITLE	EVPC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDEN, LUKE S	5.2 NAME	
STREET ADDRESS	343 THORNALL STREET	5.3 STREET ADDRESS	
CITY- ST- ZIP	EDISON NJ	5.4 CITY- ST- ZIP	
TITLE	AS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, PAMELA S	6.2 NAME	
STREET ADDRESS	343 THORNALL STREET	6.3 STREET ADDRESS	
CITY- ST- ZIP	EDISON NJ 08837	6.4 CITY- ST- ZIP	
14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: _____		3/18/97 (908) 205-0645	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	



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