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FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/24/1978	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	22-1092200	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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	Vice President
NAME	MOURIDY, GLENN	1.2 NAME	Lynda Cassell
STREET ADDRESS	343 THORNALL ST.	1.3 STREET ADDRESS	343 Thornall Street
CITY-ST-ZIP	EDISON NJ	1.4 CITY-ST-ZIP	Edison, NJ 08837
TITLE	EVP	2.1 TITLE	
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	
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	
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	
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	VAS	6.1 TITLE	
NAME	FRIEDMAN, PAMELA S	6.2 NAME	
STREET ADDRESS	343 THORNALL STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	6.4 CITY-ST-ZIP	

14. 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 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: Lynda Cassell Lynda Cassell, Vice President 2/24/98 (732) 205-0641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0003336

CR2E034 (10/97)