


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

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 10/24/1978	
4. FEI Number 22-1092200	Applied For <input type="checkbox"/> Not Applicable
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	

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	
TITLE	CFOD <input type="checkbox"/> DELETE
NAME	MOURIDY, GLENN
STREET ADDRESS	343 THORNALL ST.
CITY-ST-ZIP	EDISON NJ
TITLE	EVP <input type="checkbox"/> DELETE
NAME	ROTELLA, STEPHEN J
STREET ADDRESS	343 THORNALL ST.
CITY-ST-ZIP	EDISON NJ
TITLE	CEO <input type="checkbox"/> DELETE
NAME	JACOB, THOMAS
STREET ADDRESS	343 THORNALL STREET
CITY-ST-ZIP	EDISON NJ 08837
TITLE	EVT <input type="checkbox"/> DELETE
NAME	MOURIDY, GLENN
STREET ADDRESS	343 THORNALL STREET
CITY-ST-ZIP	EDISON NJ 08837
TITLE	EVPC <input type="checkbox"/> DELETE
NAME	HAYDEN, LUKE S
STREET ADDRESS	343 THORNALL STREET
CITY-ST-ZIP	EDISON NJ
TITLE	VAS <input type="checkbox"/> DELETE
NAME	FRIEDMAN, PAMELA S
STREET ADDRESS	343 THORNALL STREET
CITY-ST-ZIP	EDISON NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lynda Cassell
1.3 STREET ADDRESS	343 Thornall Street
1.4 CITY-ST-ZIP	Edison, NJ 08837
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, 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)