

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841695

1. Entity Name

CHASE MANHATTAN MORTGAGE CORPORATION

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90052 006 ***150.00

Principal Place of Business		Mailing Address	
343 THORNALL ST % LEGAL DEPT EDISON NJ 08837 US		343 THORNALL ST % LEGAL DEPT EDISON NJ 08837-2206 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CFOD <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOURIDY, GLENN	NAME	LORI S. RUBIN
STREET ADDRESS	343 THORNALL ST.	STREET ADDRESS	343 THORNALL STREET
CITY-ST-ZIP	EDISON NJ	CITY-ST-ZIP	EDISON, NJ
TITLE	EVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTELLA, STEPHEN J	NAME	
STREET ADDRESS	343 THORNALL ST.	STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOB, THOMAS	NAME	
STREET ADDRESS	343 THORNALL STREET	STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ 08837	CITY-ST-ZIP	
TITLE	EVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOURIDY, GLENN	NAME	
STREET ADDRESS	343 THORNALL STREET	STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ 08837	CITY-ST-ZIP	
TITLE	EVPC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDEN, LUKE S	NAME	
STREET ADDRESS	343 THORNALL STREET	STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	CITY-ST-ZIP	
TITLE	AVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINSIMER, KATHLEEN L	NAME	
STREET ADDRESS	343 THORNALL STREET	STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ 08837	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORI S. RUBIN-VICE PRESIDENT

3-20-00 732 205-0758

Date

Daytime Phone #

CR2E034 (9/93)