

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841695

1. Entity Name

CHASE MANHATTAN MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

343 THORNALL ST  
% LEGAL DEPT  
EDISON NJ 08837  
US

343 THORNALL ST  
% LEGAL DEPT  
EDISON NJ 08837  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-1092200

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CFOD ☐ Delete  
NAME MOURIDY, GLENN  
STREET ADDRESS 343 THORNALL ST.  
CITY-ST-ZIP EDISON NJ

TITLE Vice President ☐ Change ☒ Addition  
NAME Jacqueline Gibbs  
STREET ADDRESS 343 Thornall Street  
CITY-ST-ZIP Edison, NJ

TITLE EVP ☐ Delete  
NAME ROTELLA, STEPHEN J  
STREET ADDRESS 343 THORNALL ST.  
CITY-ST-ZIP EDISON NJ

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CEO ☐ Delete  
NAME JACOB, THOMAS  
STREET ADDRESS 343 THORNALL STREET  
CITY-ST-ZIP EDISON NJ 08837

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE EVT ☐ Delete  
NAME MOURIDY, GLENN  
STREET ADDRESS 343 THORNALL STREET  
CITY-ST-ZIP EDISON NJ 08837

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE EVPC ☐ Delete  
NAME HAYDEN, LUKE S  
STREET ADDRESS 343 THORNALL STREET  
CITY-ST-ZIP EDISON NJ

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AVP ☒ Delete  
NAME SINSIMER, KATHLEEN L  
STREET ADDRESS 343 THORNALL STREET  
CITY-ST-ZIP EDISON NJ 08837

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Jacqueline Gibbs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Jacqueline Gibbs, Vice President

320-01

Date

732 205-0758

Daytime Phone #

0574189

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE