



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90001 042 ***558.75

DOCUMENT # 841695 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 504 VIRGINIA DRIVE Tax Department Ft. Washington, PA Zip Country 19034		<div style="font-size: 1.2em; font-weight: bold;">50053710</div> 	
4. FEI Number 22-1092200		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Alta</i></u> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEEHAN, MARGRENTE 343 THORNALL ST. EDISON, NJ	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROTELLA, STEPHEN J 343 THORNALL ST. EDISON, NJ	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRIEDMAN, PAMELA 343 THORNALL ST. EDISON, NJ 08837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD TAJINDER, BINDRA 343 THORNALL STREET EDISON, NJ 08837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HAYDEN, LUKE S 343 THORNALL STREET EDISON, NJ	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZALESKI, MARGARET 343 THORNALL STREET EDISON, NJ 08837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <u><i>Alta</i></u> <u>6/13/05</u> <u>215-323-4610</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					