

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90421 016 ***150.00

DOCUMENT # 841695

1. Entity Name
CHASE MANHATTAN MORTGAGE CORPORATION



Principal Place of Business

**343 THORNALL ST
% LEGAL DEPT
EDISON, NJ 08837 US**

Mailing Address

**504 VIRGINIA DRIVE
TAX DEPARTMENT
FORT WASHINGTON, PA 19034 US**

2. Principal Place of Business

194 Wood Ave South,

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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Chg-P

CR2E034 (11/05)

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	SHEEHAN, MARGRENTE	
STREET ADDRESS	343 THORNALL ST.	
CITY-ST-ZIP	EDISON, NJ	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, PAMELA	
STREET ADDRESS	343 THORNALL ST.	
CITY-ST-ZIP	EDISON, NJ 08837	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ZALESKI, MARGARET	
STREET ADDRESS	343 THORNALL STREET	
CITY-ST-ZIP	EDISON, NJ 08837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Garvey	
STREET ADDRESS	194 Wood Ave S	
CITY-ST-ZIP	Iselin, NJ 08830	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alla Rrug	
STREET ADDRESS	504 Virginia Dr.	
CITY-ST-ZIP	Ft. Washington, PA 19034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Alla Rrug

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.27.06

215-3234610