## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 841695 DOCUMENT #

1. Entity Name
CHASE MANHATTAN MORTGAGE CORPORATION

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90144 041 \*\*\*150.00

Principal Place of Business 343 THORNALL ST % LEGAL DEPT EDISON NJ 08837 US 2. Principal Place of Business			Mailing Address 343 THORNALL ST % LEGAL DEPT EDISON NJ 08837 US  3. Mailing Address											
z. i incipari	nace of busin		<b>3.</b> IVICII	ming Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
City & State			City & State				4.	4. FEI Number 22-1092200					Applied For Not Applicable	
Zip Country			Zip Country				5.	5. Certificate of Status Desired Sa.75 Additional Fee Required						
	6. Name	and Address of Current	Registere	d Agent		ور بست د د د د	æ-~=-z.7;	Name and	Address of	New Regis	ered Ag	ent		
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM					Name Street Address (P.O. Box Number is Not Acceptable)									
	JTH PINE IS												}	
PLANTATION FL 33324						Dity	<u> </u>				FL	Zip Cod	е	
	named entity ions of registe	submits this statement for ered agent.	r the purp	ose of changing its	registered (	office or	registered a	gent, or bo	th, in the State	of Florida.	I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if app	licable. (NOTE	: Registered Ag	ent signatur	re required when	reinstating)			DATE			
After	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State					1	ection Campa ust Fund Cont	•	ng 🗆		IO May Be d to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		Α	DDITIONS	CHANGES T	O OFFICER	S AND E	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MOURIDY, 343 THOR EDISON N	NALL ST.		☐ Delete	TITLE NAME STREET A CITY-ST	- 1	VP Friedr 343	nan, s Stravi Edisa	Pamolo nall Sh	reet 0883		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROTELLA, 343 THOR EDISON N			□ Delete	TITLE NAME STREET A CITY-ST	DDRESS ZIP	800 F SUP SUP		Teriesa jew Dr sham,			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JACOB, TI 343 THOR EDISON N	NALL STREET	-	Delete	TITLE NAME STREET A CITY-ST	DDRESS	· - · •	····				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TAJVINDEI 343 THOR EDISON N	NALL STREET		☐ Delete	TITLE NAME STREET A CITY-ST-		CFO	+ D			Ĺ	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HAYDEN, 343 THOR EDISON N	NALL STREET		☐ Delete	TITLE NAME STREET A CITY-ST-					-	]	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZALESKI, I 343 THOR EDISON N	NALL STREET		☐ Delete	TITLE NAME STREET A CITY-ST-	- 1					(	Change	Addition	

12. I hereby certify that the information supplied with this filling 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:**