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Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852984 (4)  
1. Corporation Name  
CHASE MORTGAGE SERVICES, INC.

Principal Place of Business  
4915 INDEPENDENCE PARKWAY  
TAMPA FL 33634-4540

Mailing Address  
LEGAL DEPARTMENT - 8TH FLOOR  
343 THORNALL STREET  
EDISON NJ 08837  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 343 Thornall Street	26	05/25/1982
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
23 City & State	28 City & State	22-2318907
24 Edison, NJ	29	Applied For
25 Zip	30 Country	Not Applicable
08837	US	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible
		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of corporation and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
DV HALL, DEANE W. 4915 INDEPENDENCE PKWAY TAMPA FL	6900 Southpoint Drive Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
V GORMAN, GREGG 343 THORNALL ST EDISON NJ	Vice President Pamela S. Friedman 343 Thornall Street Edison, NJ 08837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
VS SHEEHAN, MAGUERITE 343 THORNALL ST EDISON NJ	Vice President Lynda J. Cassell 343 Thornall Street Edison, NJ 08837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
VT MOURIDY, GLENN 343 THORNALL ST EDISON NJ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
CD JACOB, THOMAS 343 THORNALL ST EDISON NJ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
DV COOPER, SAMUEL H. 300 TICE BLVD 3RD FLOOR N WOODCLIFF LAKE NJ	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Lynda J. Cassell, Vice President

2/24/98

(732) 205-0648

CR2E034 (10/97)