

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90007 008 ***150.00

DOCUMENT # 852984

1. Corporation Name
CHASE MORTGAGE SERVICES, INC.

Principal Place of Business
**343 THORNALL ST
EDISON NJ 08837
US**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1982

4. FEI Number

22-2318907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
Country

29
Country

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	HALL, DEANE W.	
STREET ADDRESS	6900 SOUTHPPOINT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GORMAN, GREGG	
STREET ADDRESS	343 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SHEEHAN, MAGUERITE	
STREET ADDRESS	343 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MOURIDY, GLENN	
STREET ADDRESS	343 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	JACOB, THOMAS	
STREET ADDRESS	343 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	COOPER, SAMUEL H.	
STREET ADDRESS	300 TICE BLVD 3RD FLOOR N	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marguerite Sheehan, Senior Vice President

4/5/99

Date

(732) 205-0600

Daytime Phone #