

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852984

1. Entity Name

CHASE MORTGAGE SERVICES, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90117 003 \*\*\*150.00

Principal Place of Business

Mailing Address

343 THORNALL ST  
EDISON NJ 08837  
US

LEGAL DEPARTMENT - 8TH FLOOR  
343 THORNALL STREET  
EDISON NJ 08837-2206  
US

2. Principal Place of Business

3. Mailing Address

950 THORNALL AVE 23rd FL  
23rd FL  
NY NY

CLOUS READING CORP  
950 THORNALL AVE 23rd FL  
NY NY

City & State

City & State

Zip

Country

Zip

Country

10022 NY

10022 NY

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV3	NAME	HALL, DEANE W.	STREET ADDRESS	6900 SOUTHPOINT DR	CITY-ST-ZIP	JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete
TITLE	V	NAME	GORMAN, GREGG	STREET ADDRESS	343 THORNALL ST	CITY-ST-ZIP	EDISON NJ	<input checked="" type="checkbox"/> Delete
TITLE	VS	NAME	SHEEHAN, MAGUERITE	STREET ADDRESS	343 THORNALL ST	CITY-ST-ZIP	EDISON NJ	<input checked="" type="checkbox"/> Delete
TITLE	VT	NAME	MOURIDY, GLENN	STREET ADDRESS	343 THORNALL ST	CITY-ST-ZIP	EDISON NJ	<input checked="" type="checkbox"/> Delete
TITLE	CD	NAME	JACOB, THOMAS	STREET ADDRESS	343 THORNALL ST	CITY-ST-ZIP	EDISON NJ	<input checked="" type="checkbox"/> Delete
TITLE	DV	NAME	COOPER, SAMUEL H.	STREET ADDRESS	300 TICE BLVD 3RD FLOOR N	CITY-ST-ZIP	WOODCLIFF LAKE NJ	<input checked="" type="checkbox"/> Delete

TITLE	Pres Secy, Treas, Dir.	NAME	JAMES HADEN	STREET ADDRESS	950 THORNALL AVE 23rd FL	CITY-ST-ZIP	NY NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	NAME	IRWIN, ROSEN	STREET ADDRESS	950 THORNALL AVE 23rd FL	CITY-ST-ZIP	NY NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/00 212 688-1700

CR20034 10/00