2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90027 010 ***158.75

DOCUMENT # F00000001735

1. Entity Name
PHH BROKER PARTNER CORPORATION

Principal Place of Business	Mailing Address
3000 LEADENHALL ROAD MT. LAUREL NJ 08054	3000 LEADENHALL ROAD MT. LAUREL NJ 08054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-1693434 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P EDWARDS, TERENCE W 3000 LEADENHALL ROAD MT. LAUREL NJ 08054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EDWARDS, TERENCE W 3000 Leadenhall Road Mt. Laurel, NJ 08054	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VASD BUCKMAN, JAMES E 6 SYLVAN WAY PARSIPPANY NJ 07054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS BOCK, ERIC J 9 WEST 57 ST 37 FLOOR NEW YORK NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLMES, STEPHEN P 6 SYLVAN WAY PARSIPPANY NJ 07054	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS BROWN, WILLIAM F 3000 LEADENHALL ROAD MT. LAUREL NJ 08054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT COCROFT, DUNCAN H 6 SYLVAN WAY PARSIPPANY NJ 07054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT COCROFT, DUNCAN H. 6 Sylvan Way Parsippany, NJ 07054	☐ Change ☒ Addition

CR2E034 (9/01)

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., to the best of my knowledge, information and belief.

SIGNATURE: William F. Brown 1/23/02 856-917-9403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #