2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001735

Entity Name: PHH BROKER PARTNER CORPORATION

FILED Jan 05, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3000 LEADENHALL ROAD MT. LAUREL, NJ 08054 **Current Mailing Address: New Mailing Address:** 3000 LEADENHALL ROAD MAILSTOP LGL MT. LAUREL, NJ 08054 FEI Number: 52-1693434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition EDWARDS, TERENCE W EDWARDS, TERENCE W Name: Name: 3000 LEADENHALL ROAD 3000 LEADENHALL ROAD Address: Address: City-St-Zip: MT. LAUREL, NJ 08054 City-St-Zip: MT. LAUREL, NJ 08054 PD Title: Title: () Delete (X) Change () Addition Name: SUTER, JOSEPH E Name: SUTER, JOSEPH E 3000 LEADENHALL ROAD 3000 LEADENHALL ROAD Address: Address: MT LAUREL, NJ 08054 US MT LAUREL, NJ 08054 US City-St-Zip: City-St-Zip: Title: SSVP () Delete Title: () Change () Addition BROWN, WILLIAM F Name: Name: 3000 LEADENHALL RD Address: Address: MT LAUREL, NJ 08054 US City-St-Zip: City-St-Zip: Title: CFO () Delete Title: () Change () Addition DANAHY, MARK Name: Name: Address: 3000 LEADENHALL RD Address: City-St-Zip: MT LAUREL, NJ 08054 US City-St-Zip: Title: () Delete Title: () Change () Addition GAGER, GERRY Name: Name: 3000 LEADENHALL ROAD Address: Address: City-St-Zip: MT LAUREL, NJ 08054 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F BROWN SVP 01/05/2006