2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003388

Entity Name: INFINITY HOME MORTGAGE COMPANY, INC.

MOUNT LAUREL, NJ 08054

City-St-Zip:

FILED Apr 07, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of I	New Principal Place of Business:	
	EY AVENUE		660 N KINGS HIGHWAY		
SUITE 100			SUITE 203		
CHERRY	HILL, NJ 08000	03	CHERRY HILL, NJ 08034	1	
Current M	lailing Addres	s:	New Mailing Address:	New Mailing Address:	
1934 OLNI	EY AVENUE		660 N KINGS HIGHWAY		
SUITE 100			SUITE 203		
CHERRY	HILL, NJ 08003	3	CHERRY HILL, NJ 08034	1	
FEI Number:	: 81-0549337	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:					
ΝΑΤΙΟΝΙΔΙ		E DESEADON INO			
NATIONAL CORPORATE RESEARCH,LTD., INC. 515 E. PARK AVE.					
	SSEE, FL 3230)1 US			
	,				
The above	named antity	whenite this statement for th	a nurness of changing its registered of	fice or registered agent or both	
	e named entity s e of Florida.	upmits this statement for th	e purpose of changing its registered of	lice or registered agent, or both,	
III tilo otati	e or riorida.				
SIGNATUR	RE:				
	Electron	ic Signature of Registered /	Agent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	CDPT ()	Delete	Title: ()	Change () Addition	
Name:	JACONELLI, MI		Name:	3 - ()	
Address:	20 PHEASANT D	DRIVE	Address:		
City-St-Zip:	MT. LAUREL, N	J 08054	City-St-Zip:		
Title:	VCSD ()	Delete	Title: ()	Change () Addition	
Name:	GIGLIOTTI, ROS		Name:	• ()	
Address:	46 MAPLE GLEI		Address:		

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHELE M. JACONELLI SVP 04/07/2009