

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000000304

1. Entity Name
GLOBEX MORTGAGE SERVICES, INC.



Principal Place of Business
**285 DAVIDSON AVE, STE 503
SOMERSET, NJ 08873**

Mailing Address
**285 DAVIDSON AVE, STE 503
SOMERSET, NJ 08873**

DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3280239

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**G T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHMELING, CHARLOTTE C
STREET ADDRESS 285 DAVIDSON AVE, STE 503
CITY-ST-ZIP SOMERSET, NJ 08873

TITLE VPD
NAME OUMET, JOSEPH M
STREET ADDRESS 285 DAVIDSON AVE, STE 503
CITY-ST-ZIP SOMERSET, NJ 08873

TITLE SD
NAME CLARK, MICHAEL J III
STREET ADDRESS 285 DAVIDSON AVE, STE 503
CITY-ST-ZIP SOMERSET, NJ 08873

TITLE DVP
NAME HARBEN, CHANDLER
STREET ADDRESS 285 DAVIDSON AVE, STE 503
CITY-ST-ZIP SOMERSET, NJ 08873

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000386728
01/19/06-80006-023 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06

Date

732-564-1212

Daytime Phone #