

Jan 22 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000417 (5)

1. Corporation Name

PHH INSURANCE ASSOCIATES CORPORATION

Principal Place of Business

6000 ATRIUM WAY
MT LAUREL NJ 08054

Mailing Address

6000 ATRIUM WAY
MT LAUREL NJ 08054-3822

3. Date Incorporated or Qualified

01/27/1994

3a. Date of Last Report

02/07/1996

4. FEI Number

06-1316146

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETENAME NAGEL, H R
STREET ADDRESS 6000 ATRIUM WAY
CITY-ST-ZIP MT LAUREL NJTITLE V ☐ DELETENAME MUOIO, ANTHONY F
STREET ADDRESS 6000 ATRIUM WAY
CITY-ST-ZIP MT LAUREL NJTITLE V ☒ DELETENAME GOLDBERG, DAVID A
STREET ADDRESS 6000 ATRIUM WAY
CITY-ST-ZIP MT LAUREL NJTITLE C ☐ DELETENAME GROODY, ROBERT E
STREET ADDRESS 6000 ATRIUM WAY
CITY-ST-ZIP MT LAUREL NJTITLE AS ☐ DELETENAME GOZDAN, MICHAEL P.
STREET ADDRESS 6000 ATRIUM WAY
CITY-ST-ZIP MT LAUREL NJTITLE V ☐ DELETENAME VERBA, LINDA L
STREET ADDRESS 6000 ATRIUM WAY
CITY-ST-ZIP MT LAUREL NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE F ☐ Change ☒ Addition1.2 NAME Terence W. Edwards
1.3 STREET ADDRESS 6000 Atrium Way
1.4 CITY-ST-ZIP Mt. Laurel, NJ2.1 TITLE ☐ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☒ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97

Date

609-439-6000

Daytime Phone #

0497014

CR2E034 (9/96)