

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 06, 1999 8:00 am**  
**Secretary of State**

08-06-1999 90006 014 \*\*\*550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000000417**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/27/1994**

2. Principal Place of Business

**21 123 N. Wacker Dr.**

2a. Mailing Address

**26 PO Box 8264**

4. FEI Number

**06-1316146**

Applied For

Not Applicable

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

City & State

**23 Chicago, IL**

City & State

**28 Chicago, IL**

Zip

**24 60606**

Country

**25 USA**

Zip

**29 60680**

Country

**30 USA**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☒ Yes

☐ No

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **TERENCE W. EDWARDS**  
STREET ADDRESS **6000 ATRIUM WAY**  
CITY-ST-ZIP **MT LAUREL NJ**

TITLE **C** ☐ DELETE  
NAME **GROODY, ROBERT E**  
STREET ADDRESS **6000 ATRIUM WAY**  
CITY-ST-ZIP **MT LAUREL NJ**

TITLE **AS** ☐ DELETE  
NAME **GOZDAN, MICHAEL P.**  
STREET ADDRESS **6000 ATRIUM WAY**  
CITY-ST-ZIP **MT LAUREL NJ**

TITLE **V** ☐ DELETE  
NAME **VERBA, LINDA L**  
STREET ADDRESS **6000 ATRIUM WAY**  
CITY-ST-ZIP **MT LAUREL NJ**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P.D** ☐ Change ☒ Addition  
1.2 NAME **Kevin Garvin**  
1.3 STREET ADDRESS **123 N. Wacker Dr.**  
1.4 CITY-ST-ZIP **Chicago, IL 60606**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Michael D. Rice**  
2.3 STREET ADDRESS **123 N. Wacker Dr.**  
2.4 CITY-ST-ZIP **Chicago, IL 60606**

3.1 TITLE **S** ☐ Change ☒ Addition  
3.2 NAME **Arlene Jeschke**  
3.3 STREET ADDRESS **123 N. Wacker Dr.**  
3.4 CITY-ST-ZIP **Chicago, IL 60606**

4.1 TITLE **V** ☐ Change ☒ Addition  
4.2 NAME **Jerome I. Baer**  
4.3 STREET ADDRESS **123 N. Wacker Dr.**  
4.4 CITY-ST-ZIP **Chicago, IL 60606**

5.1 TITLE **T** ☐ Change ☒ Addition  
5.2 NAME **Arlene H. Hardy**  
5.3 STREET ADDRESS **123 N. Wacker Dr.**  
5.4 CITY-ST-ZIP **Chicago, IL 60606**

6.1 TITLE **B** ☐ Change ☒ Addition  
6.2 NAME **Charles M. Fallon**  
6.3 STREET ADDRESS **123 N. Wacker Dr.**  
6.4 CITY-ST-ZIP **Chicago, IL 60606**

14. 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 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 Required**

Date

Daytime Phone #

**7/28/99 (312) 701-3640**

CR2E034 (5/99)

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