

## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Jan 23, 2004 8:00 am Secretary of State

DOCUMENT # F9400005957  1. Entity Name PHH FINANCIAL SERVICES, INC.					01-23-2004	90019 04	44 ***150	.00	
Principal Place of Business  MAIL CODE CP 307 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030-1337 US	Mailing Address MAIL CODE CP 307 INTERNATIONAL CII HUNT VALLEY, MD 210			<b>             </b>				188) II 1881	
2. Principal Place of Business 940 Ridgebrook Road Suite, Apt. #, etc.  3. Mailing Address 940 Ridgebrook Road Suite, Apt. #, etc.					<u>                                     </u>				
Suite, Apt. #, etc.  Attn: Legal Department  City & State  Suite, Apt. #, etc.  Attn: Legal Department  City & State  City & State			-	01202004 4. FEI Number	Chg-P	CR2E	034 (10/03)	plied For	
Sparks, MD Sparks, MD				52-1391	630			t Applicable	
Zip Country 21152 USA	Zip 21152	Country USA .		5. Certificate o	f Status Desired		\$8.75 Add Fee Required		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name .						
			Street Address (P.O. Box Number is Not Acceptable)						
TALLAMASSEE, FL 32301		ļ <u></u>							
		City				FL	Zip Code	e	
The above named entity submits this statement function of registered agent.	or the purpose of changing its r	registered office of	r registere	ed agent, or both	, in the State of F	lorida. 1 am	familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered ager	t and title if applicable. (NOTE	: Registered Agent signat	ure required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550	9. Election Campaig Trust Fund Contr			00 May Be ed to Fees					
After May 1, 2004 Fee will be \$550  10. OFFICERS AND	.00 Trust Fund Contr	ibution.		ed to Fees	CHANGES TO OF	FICERS AN			
10. OFFICERS AND  TITLE P  NAME HOLMES, STEPHEN P  STREET ADDRESS 1 CAMPUS DRIVE	.00 Trust Fund Contr	11. IITLE NAME STREET ADDRESS		ed to Fees	HANGES TO OF	FICERS AN	O DIRECTOR: ☐ Change	S IN 11	
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After May 1, 2004 Fee will be \$550  10. OFFICERS AND  TITLE P  NAME HOLMES, STEPHEN P  1 CAMPUS DRIVE  CITY-ST-ZIP PARSIPPANY, NJ 07054	Trust Fund Contr	11.  11TLE NAME STREET ADDRESS CITY-ST-ZIP		ed to Fees	HANGES TO OF	FICERS AN	☐ Change	Addition	
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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 all other like empowered.

SIGNATURE: Joseph W. Weikel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR

01/20/04

410-771-1900 Daytime Phone #