

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90091 033 ***150.00

DOCUMENT # F96000002801

1. Entity Name

CHAPEL MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

**315 MAIN ST
 RANCOCAS NJ 08073**

**315 MAIN ST
 RANCOCAS NJ 08073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3097253

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	BURKE, JAMES J SR	
STREET ADDRESS	315 MAIN ST	
CITY-ST-ZIP	RANCOCAS NJ 08073	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ARBOGAST, RICHARD J	
STREET ADDRESS	315 MAIN ST	
CITY-ST-ZIP	RANCOCAS NJ 08073	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, ANNE E	
STREET ADDRESS	315 MAIN ST	
CITY-ST-ZIP	RANCOCAS NJ 08073	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ERCOLANI, RICHARD C	
STREET ADDRESS	315 MAIN ST	
CITY-ST-ZIP	RANCOCAS NJ 08073	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, THOMAS J	
STREET ADDRESS	315 MAIN STREET	
CITY-ST-ZIP	RANCOCAS NJ 08073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Vice President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00 **(609) 265-9200**
 Date Daytime Phone #

03-31-2000