## **2000 UNIFORM BUSINESS REPORT (UBR)**

_ ——				<u> </u>								
DOCUI	MENT # <b>F970000</b>	01032							emara R	, y,	edra Pitra	
1. Entity Name CHAMPION MORTGAGE CO., INC.												
·								00	JAH	14 /	(計日: O)	6
Principal Place of Business Mailing Address												
20 Waterview Fourth Floor Parsippany nj Js		20 WATERVIEW BOULEVARD FOURTH FLOOR PARSIPPANY NJ 07054-1229 US					<b>                                    </b>				BF STATI	E DA
2. Principal P	lace of Business	3. Mailing Address										
Sanne, As	#. Above	Same ApA Sel Above						DO NO	T WRITE	E IN THIS	SPACE	
City & State	9	City & State				4. FEI Number 22-2630964 Applied For Not Applied						
Zip	Country	Zip	Country			<b>5.</b> Ce	rtificate of	Status De	sired		<b>\$8.75</b> A Fee Requi	dditional
	6. Name and Address of Current I	Registered Agent				7. Na	me and A	ddress of	New Re	gistered		
				Name	No	o t	Appli	cab1	e			
C T CORPORATION SYSTEM					Not Applicable  ddress (P.O. Box Number is Not Acceptable)							
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324												
FLAN	TATION FL 33324		}	City		<u> </u>		_		FI	Zip Co	
O The above	named entity submits this statement for	the number of abanding its	rogistoro	d office o	r registere	d 0000	at or both	in the Stat	o of Flor		<u>-  </u>	
8. The above			registere	a onice or	riegisierei	u agen			7~3	17:3	<u> 860</u>	<u> </u>
SIGNATURE _	Not Applic Signature, typed or printed name of registered agent a		: Registered	Agent signat	ture required w	hen reins	stating)	-01 **	7207 **15	∪∪~-( <del>0:00</del>	)1022 ****1	011 <del>50.08</del>
• This corps	ration is aliaible to entiefy its Intangible	FILE NOW!	!! FFF !	S \$150 i	nn	Т			<del></del>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150								ion Campa Fund Con	-	-	\$5. □ Add	.00 May Be ed to Fees
(See criter	ia on back)	Make Check Payabl	<u> </u>	partmen	t of State							
11.	PCD OFFICERS AND	<del>- · · · · · · · · · · · · · · · · · · ·</del>	12.		1	ADD	ITIONS/CI	HANGES 1	O OFFI	CERS AN	ID DIRECTO Change	—
TITLE NAME	GORYEB, JOSEPH M	☐ Delete	NAME		See	Αt	tache	ed			□ Change	<u>_x</u>
	20 WATERVIEW BOULEVARD			T ADDRESS								
CITY-ST-ZIP	PARSIPPANY NJ 07054			ST-ZIP	ļ							
TITLE NAME	VT RICH, DANIEL L	☐ Delete	TITLE NAME		Se	ee .	Attac	ched			∐ Change	X *******
	20 WATERVIEW BOULEVARD			T ADDRESS								
CITY-ST-ZIP	PARSIPPANY NJ 07054		CITY-	ST-ZIP								
TITLE	\$	☐ Delete	TITLE		1						☐ Change	X Addition
NAME STREET ADDRESS	HANKE, DOUGLAS W 20 WATERVIEW BOULEVARD		NAME	T ADDRESS	See	Αt	tache	ed				
	PARSIPPANY NJ 07054			ST-ZIP								
TITLE	VC	☐ Delete	TITLE								☐ Change	Addition
NAME	GORYEB, RICHARD P		NAME	T ADDRESS	See A	Att	ached	1				
STREET ADDRESS CITY-ST-ZIP	20 WATERVIEW BOULEVARD PARSIPPANY NJ 07054			ST-ZIP								
TITLE	17/11/01/17/11/11/11/07/007	☐ Delete	TITLE		<u> </u>						☐ Change	X Addition
NAME			NAME		See A	Att	ached	1				
STREET ADDRESS CITY-ST-ZIP				t address St-zip								
TITLE			TITLE								Change	Addition
NAME			NAME		800	Λ +- +-	achad	3		•		Λ
STREET ADDRESS				T ADDRESS St-zip	See 1	нц	acnec	1		* 1	TS	
CITY-ST-ZIP	ertify that the information supplied with	this filling does not qualify for			ted in Sec	tion 11	9.07(3)(i)	Florida St	atutes 1	turther o	. • •	information
indicated of the corp changed	pertify that the information supplied with on this report or supplemental expert is poration or the receiver or trusted empro or on an attachment with the address.	and accurate and that m wered to execute this report a with all other like empowered	ny signatu as require	ure shall hed by Cha	ave the sa apter 607, I	ame leg Florida	gal effect a Statutes;	as if made and that n	under or ny name	ath; that appears	am an office in Block 11	er or director or Block 12 if
	ANTH-	DE RUSEPH										
SIGNAT	URE: SIGNATURE AND THE ON P	RINTED NAME OF SIGNING OFFICER O				- 1 4		Date			Daytime Phone i	<del>-</del>