FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000003244 (7)**

1. Corporation Name
CHASE MORTGAGE HOLDINGS, INC.

Principal Place of Business	Mailing Address
4915 INDEPENDENCE PKWY TAMPA FL 33634	4915 INDEPENDENCE PKWY TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 13-3945513	☐ Applied For ☐ Not Applicable
21	26 343 Thornall Street		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27 c/o Legal Department		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28 Edison, NJ 08837		
Zip / Country	Zip / Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24 / 25	29 08837 / 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CRAUFURD, SUSAN S		1.2 NAME	
STREET ADDRESS	270 PARK AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SIMON, PENELOPE A		2.2 NAME	
STREET ADDRESS	270 PARK AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAYDEN, LUKE S		3.2 NAME	
STREET ADDRESS	270 PARK AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MOURIDY, GLENN J		4.2 NAME	
STREET ADDRESS	270 PARK AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017		4.4 CITY-ST-ZIP	
TITLE	VAS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SHEEHAN, MARGUERITE		5.2 NAME	
STREET ADDRESS	270 PARK AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CARROLL, ROBERT C		6.2 NAME	
STREET ADDRESS	270 PARK AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: Marguerite Sheehan Marguerite Sheehan, Vice President 4/8/98 (732)205-0600