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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 09, 1999 8:00 am
Secretary of State
04-09-1999 90054 031 ***150.00

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DOCUMENT # F97000003244

1. Corporation Name
CHASE MORTGAGE HOLDINGS, INC.

Principal Place of Business	Mailing Address
4915 INDEPENDENCE PKWY TAMPA FL 33634	343 THORNALL STREET C/O LEGAL DEPARTMENT EDISON NJ 08837 US

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

4. FEI Number: 13-3945513 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 Tax. ☐ 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 _____ 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		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/5/99 (732) 2055-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Marguerite Sheehan, Vice President

CR2E034 (1/98)