## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # F97000003244



**FILED** Feb 26, 2004 8:00 am Secretary of State

1. Entity Name CHASE MORTGAGE HOLDINGS, INC.						02-26-2004 9001 / 002 *****150.00					
Principal Place 4915 INDEPE 2ND FLOOR TAMPA, FL 3	ENDENCE PKWY.	C/O LEGAL DEPARTMEN	343 THORNALL STREET C/O Legal Department			44014250					
2. Principal P	ace of Business	3. Mailing Address	Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01132004	Chg-P	CR2E03	4 (10/03)		
City & State		City & State				4. FEI Number         Applied For           13-3945513         Not Applicab				·	
Zip	Country	Zip	Countr	гу	5. Certificate of Status D			red   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				None	7. Name and Address of New Registered Agent						
C T CORPORATION SYSTEM					Name						
1200 SOU	TH PINE ISLAND ROAD ON, FL 33324		Street Address			P.O. Box Numbe	er 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. I am familiar with, and act the obligations of registered agent.										and accept	
a o oongaa	ond of regionales agoni.	•									
SIGNATURE_	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTI	: Registered	Agent signature	required	when reinstating)		DATE		<del></del>	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont	-	cing		<b>00</b> May Be ed to Fees					
10.	OFFICERS AND D	DIRECTORS	11.				CHANGES TO OFFI				
TITLE NAME	SVTD JAMES, ENTERLEIN	Delete Delete	TITLE NAME				Bindra		☐ Change	Addition	
STREET ADDRESS	4915 INDEPENDENCE PARKWA	Y	STREE	T ADDRESS			all Short T 08837	L Di	rocter		
CITY-ST-ZIP	PD TAMPA, FL 33634		TITLE	ST-ZIP		<del></del>	3 2802		Change	☐ Addition	
TITLE NAME	SIMON, PENELOPE A	☐ Delete	NAME		#4	Here	•		☐ Change	Addition	
STREET ADDRESS	4919 MEMORIAL HIGHWAY			ET ADDRESS							
CITY+ST-ZIP	TAMPA, FL 33634			ST-ZIP							
TITLE NAME	D HAYDEN, LUKE S	☐ Delete	TITLE						☐ Change	☐ Addition	
STREET ADDRESS	343 THERNALL STREET			ET ADDRESS							
CITY-ST-ZIP	EDISON, NJ 08837		CITY-	ST-ZIP							
TITLE	D	Delete	TITLE		50	nick rice	Prosident, may al Hithwar FL 336	D+T	Change	Addition	
NAME STREET ADDRESS	MOURIDY, GLENN J 343 THERNALL STREET		NAME	ET ADDRESS	And	mm m	may	<b>~</b> 1			
CITY-ST-ZIP	EDISON, NJ 08837			ST-ZIP	4910	Tremon	er 336	34			
TITLE	VPS	☐ Delete	TITLE			12,,,,	1		☐ Change	Addition	
NAME	DENISE, DES ROSIER	v	NAME	1							
STREET ADDRESS CITY-ST-ZIP	4919 INDEPENDENCE PARKWA   TAMPA, FL 33634	.τ		ET ADDRESS -ST-ZIP							
TITLE	VAS	<b>▼</b> Delete	TITLE		VP+	AS_			Change	☐ Addition	
NAME	DEBRA, DANS	. •	NAME	:  ·	Doh	as Dav	S		•		
STREET ADDRESS	4919 INDEPENDENCE PARKWA	Υ		ET ADDRESS ST-ZIP							
CITY-ST-ZIP	TAMPA, FL 33634 certify that the information supplied with	this filing does not qualify fo			d in Se	ction 119 07(3)	(i) Florida Statutes I	further certi	ify that the in	nformation	
indicated	on this report or supplemental report is poration or the receiver or trustee empore	true and accurate and that i	my signat	ure shall ha	ve the	same legal effe	ot as if made under o	oath; that I a	m an officer	or director	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR