2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2005 8:00 am
Secretary of State
09-14-2005 90002 034 ***550.00

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1. Entity Name
CHASE MORTGAGE HOLDINGS, INC.

Principal Place of Business	Mailing Address
4915 INDEPENDENCE PKWY. 2ND FLOOR TAMPA, FL 33634	343 THORNALL STREET C/O LEGAL DEPARTMENT EDISON, NJ 08837 US

05312005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	194 Wood Ave South Suite, Apt. #, etc. c/o Legal Department
City & State	City & State Iselin, NJ
Zip / Country	Zip 08830 / Country USA

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BINDRA, TAJUINDER S 343 THORNEILL ST. EDISON, NJ 08837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Conolly, John M 4919 Memorial Hwy Tampa, FL 33634	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIMON, PENELOPE A 4919 MEMORIAL HIGHWAY TAMPA, FL 33634	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Eckert, Catherine A 194 Wood Ave S Iselin, NJ 08830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYDEN, LUKE S 343 THERNALL STREET EDISON, NJ 08837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Henzey, Lance T 4915 Independence Hwy Tampa, FL 33634	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD MAY, ANDREW W 4919 MEMORIAL HWY TAMPA, FL 33634	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Katz, Michael D 194 Wood Ave S Iselin, NJ 08830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS DENISE, DES ROSIER 4919 INDEPENDENCE PARKWAY TAMPA, FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wind, Thomas L 194 Wood Ave S Iselin, NJ 08830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS DAVIS, DEBRA 4919 INDEPENDENCE PARKWAY TAMPA, FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	see attached list of officers and directors	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John M. Conolly 7/27/05 (813) 881-2472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #