2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# F97000003244

Entity Name: CHASE MORTGAGE HOLDINGS, INC.

Current Principal Place of Business:

4915 INDEPENDENCE PKWY.
2ND FLOOR
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

194 WOOD AVE SOUTH
C/O LEGAL DEPARTMENT
ISELIN, NJ 08830 US

New Mailing Address:

FEI Number: 13-3945513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BECK, FELIX M	
Address:	194 WOOD AVE S/ FLOOR 4	
City-St-Zip:	ISELIN, NJ 08830	
Title:	D	( ) Delete
Name:	POLKINGHORNE, JEFFREY III	
Address:	194 WOOD AVE S/ FLOOR 4	
City-St-Zip:	ISELIN, NJ 08830	
Title:	D	( ) Delete
Name:	WARD, KATHIE S	
Address:	4919 MEMORIAL HWY FL 2	
City-St-Zip:	TAMPA, FL 33634	
Title:	VP	( ) Delete
Name:	BARREN, JOHN	
Address:	3415 VISION DRIVE, FLOOR 2	
City-St-Zip:	COLUMBUS, OH 43219	
Title:	VPS	( ) Delete
Name:	DESROSIERS, DENISE	
Address:	4915 INDEPENDENCE PARKWAY/ FLOOR 2	
City-St-Zip:	TAMPA, FL 33634	
Title:	P	( ) Delete
Name:	WARD, KATHIE S	
Address:	4919 MEMORIAL HWY FL 2	
City-St-Zip:	TAMPA, FL 33634	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE DESROSIERS SEC. 02/12/2009

Electronic Signature of Signing Officer or Director — Date