2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State
01-31-2003 90379 028 ***150.00

061679 AT

DOCUMENT # F97000003244

1. Entity Name
CHASE MORTGAGE HOLDINGS, INC.

Principal Place of Business	Mailing Address
4919 MEMORIAL HWY STE 100 TAMPA FL 33634	343 THORNALL STREET C/O LEGAL DEPARTMENT EDISON NJ 08837 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4915 Independence Pkwy	
Suite, Apt. #, etc.: 2nd Floor	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33634 Country: USA	Zip Country

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 $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	SVTD JAMES, ENTERLEIN 4919 MEMORIAL HIGHWAY TAMPA FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVTD James Enterlein 4915 Independence Parkway Tampa, FL 33634	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIMON, PENELOPE A 270 PARK AVE NEW YORK NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Simon, Penelope 4919 memorial Highway Tampa, FL 33634	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYDEN, LUKE S 270 PARK AVE NEW YORK NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hayden, Luke S. 343 Thornall Street Edison, NJ 08837	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOURIDY, GLENN J 270 PARK AVE NEW YORK NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mouridy, Glenn 343 Thornall Street Edison, NJ 08837	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS DENISE, DES ROSIER 4919 MEMORIAL HWY TAMPA FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS Denise DesRosiers 4915 Independence Parkway Tampa, FL 33634	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS DEBRA, DANS 4919 MEMORIAL HWY TAMPA FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS ~~Debra~~ Davis, Deborah 4915 Independence Parkway Tampa, FL 33634	☒ Change ☐ Addition

CR2E034 (10/02)

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: Penelope A. Simon PENELOPE A. SIMON 1/24/03 7322054061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #