FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09486 (2)

1. Corporation Name
PHH US MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
6000 ATRIUM WAY MT LAUREL NJ 08054 US	6000 ATRIUM WAY MT LAUREL NJ 08054 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/20/1986
3a. Date of Last Report: 02/02/1994

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

4. FEI Number: 22-2195996 ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	NAGEL, H ROBERT	1.2 NAME	
STREET ADDRESS	139 BOOTH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAVERFORD PA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☒ Change ☐ Addition
NAME	CUNLIFFE, ERIC H.	2.2 NAME	Please delete Eric Cunliffe
STREET ADDRESS	155 CENTENNIAL DRIVE	2.3 STREET ADDRESS	as an officer of the Corporation
CITY-ST-ZIP	MEDFORD NJ	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	PRIEST, GORDON W., JR.	3.2 NAME	
STREET ADDRESS	1133 MCCORMICK ROAD	3.3. STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, TERENCE W.	4.2 NAME	
STREET ADDRESS	55 HADDONFIELD RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	☐ Change ☐ Addition
NAME	GOLDBERG, DAVID A.	5.2 NAME	
STREET ADDRESS	1818 ROLLING LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	☐ Change ☐ Addition
NAME	KUNISCH, ROBERT D.	6.2 NAME	
STREET ADDRESS	23 TREADWELL COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	LUTHERVILLE MD	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: David A. Goldberg 3/6/95 (609)439-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David A. Goldberg

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