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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P09486** **(2)**

1. Corporation Name
PHH MORTGAGE SERVICES CORPORATION

Principal Place of Business	Mailing Address
6000 ATRIUM WAY MT LAUREL NJ 08054 US	6000 ATRIUM WAY MT LAUREL NJ 08054-3922 US

3. Date Incorporated or Qualified: **03/20/1986**
3a. Date of Last Report: **02/07/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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 required for public-record notification of resigned agent and Mfr. if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	NAGEL, H ROBERT		1.2 NAME	Terence W. Edwards	
STREET ADDRESS	139 BOOTH LANE		1.3 STREET ADDRESS	6000 Atrium Way	
CITY-ST-ZIP	HAVERFORD PA		1.4 CITY-ST-ZIP	Mt. Laurel, NJ 08054	
TITLE	SVP	☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	VERBA, LINDA L.		2.2 NAME	Robert E. Groody	
STREET ADDRESS	6000 ATRIUM WAY		2.3 STREET ADDRESS	6000 Atrium Way	
CITY-ST-ZIP	MT LAUREL NJ		2.4 CITY-ST-ZIP	Mt. Laurel, NJ 08054	
TITLE	V	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	BEMER, DAVID L.		3.2 NAME	Ken E. Harthausen	
STREET ADDRESS	6000 ATRIUM WAY		3.3 STREET ADDRESS	6000 Atrium Way	
CITY-ST-ZIP	MT LAUREL NJ		3.4 CITY-ST-ZIP	Mt. Laurel, NJ 08054	
TITLE	VT	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	GOLDBERG, DAVID A.		4.2 NAME	Brien J. McMahon	
STREET ADDRESS	1818 ROLLING LANE		4.3 STREET ADDRESS	6000 Atrium Way	
CITY-ST-ZIP	CHERRY HILL NJ		4.4 CITY-ST-ZIP	Mt. Laurel, NJ 08054	
TITLE	DP	☐ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	KUNISCH, ROBERT D.		5.2 NAME	Donald J. Casey	
STREET ADDRESS	23 TREADWELL COURT		5.3 STREET ADDRESS	6000 Atrium Way	
CITY-ST-ZIP	LUTHERVILLE MD		5.4 CITY-ST-ZIP	Mt. Laurel, NJ 08054	
TITLE	V	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WATKINS, FREDRICK		6.2 NAME		
STREET ADDRESS	6000 ATRIUM WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	MT LAUREL NJ		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: Robert E. Groody — 1/9/97 — 609-439-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

097021