## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P09486  1. Entity Name  CENDANT MORTGAGE CORPORATION							EŊ		
					(	00 FEB - 1	PM 3: 1	7 د	
Principal Place	e of Business	Mailing Address	Mailing Address			OFORKILLA	GF STA	TE	
3000 LEADENHALL RD., MAIL STOP LGL FT. LAUREL NJ 08054 US		3000 LEADENHALL RD MAIL STOP LGL FT. LAUREL NJ 08054-4606 US			T.	SEONE MIC ALL'AHASSI	EÉ. FLOR	(IDA	( <b>8</b> (8)) ( <b>85</b> )
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPA	νCΕ	
City & State		City & State		4. 1	El Number	22-2195996			plied For
Mt. Laurel, NJ - Zip Country		1101 300.019 1	Mt. Laurel, NJ Zip Country		<u> </u>		sz \$8	3.75 Add	t Augulia. litional
			,			Status Desired	Fee	e Required	
	6. Name and Address of Current	Registered Agent	Name	7. 1	Name and Ad	Idress of New Re	gistered Age	<u>:nt</u>	
07.0	ODDODATION CVCTEM								
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			Street A	ddress (P.O. B	iox Number is	Not Acceptable)			
PLAN	NTATION FL 33324								
			City				FL	Zip Code	3
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or	registered ag	ent, or both, i	n the State of Flori	da.		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signati	ure required when re	einstating)		DATE		
•	pration is eligible to satisfy its Intangible	· •	!! FEE IS \$150.0		10. Election	on Campaign Fina	ncing	\$5.0	O May Be
•	requirement and elects to do so.	After MAY 1, 200 Make Check Payab			Trust I	Fund Contribution.			to Fees
11.	OFFICERS AND		12.		DITIONS/CH	IANGES TO OFFIC	ERS AND D	RECTORS	3 IN 11
TITLE	TD	□ Delete	TITLE					Change	_ · · ···
NAME	COCROFT, DUNCAN		NAME STREET ADDRESS		.200	00031 -02/0 <u>9/</u> 0	2869	32-	-3
STREET ADDRESS CITY-ST-ZIP	6 SYLVAN WAY PARSIPPANY NJ 07054		CITY-ST-ZIP			-U2/U9/(	10010( 25 %	3501 	10 25
TITLE	D	☐ Delete	TITLE	Р.		****158	<del>. 13 7</del>	Change	7 - 15 WW
NAME	EDWARDS, TERENCE W		NAME	·* =	ت ت				
STREET ADDRESS CITY-ST-ZIP	3000 LEADENHALL ROAD		STREET ADDRESS CITY-ST-ZIP						
TITLE	MT. LAUREL NJ 08054	₹ Delete	TITLE			,		Change	
NAME	William F. Brown		NAME						
STREET ADDRESS	3000 Leadenhall Road	1	STREET ADDRESS						
CITY-ST-ZIP	Mt. Laurel, NJ 0805	<u>4</u>	CITY-ST-ZIP						
TITLE :	VP.	☐ Delete	TITLE NAME				L	Change	L:
STREET ADDRESS	Robert E. Groody 3000 Leadenhall Roa	4	STREET ADDRESS						
CITY-ST-ZIP	Mt. Laurel, NJ 0805		CITY-ST-ZIP						
TITLS,	VP:	☐ Delete	TITLE					] Change	
NAME	Donald J. Casey	•	NAME						
STREFT ADDRESS CITY: ST-ZIP	3000 Leadenhall Roa	d	STREET ADDRESS CITY-ST-ZIP			₩ <b>^</b>			
TITLE	Mt. Laurel, NJ 0805		TITLE			18	Ē	Change	
NAME	Project I McMahon	E Delete	NAME				<b>-</b>		
STREET ADDRESS	Brien J. McMahon 3000 Leadenhall Road	1	STREET ADDRESS			~ <b></b>			
·CITY-ST-ZIP	lMt. Laurel <u>. NJ 0805</u> 4	·	CITY-ST-ZIP			······			
	certify that the information supplied wit on this report or supplemental report in poration or the receiver or trustee emp or on an attachment with an address,	h this filing does not qualify for							
changed,	, or on an attachment with an address,	with all other like empowered,	to the best	or my ka	owreage,	miometion	aru deli	EI.	

William F. Brown SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

856-414-4152

Daytime Phone #

1-19-00