2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09486

City-St-Zip: MT. LAUREL, NJ 08054

Entity Name: PHH MORTGAGE CORPORATION

FILED Jan 05, 2006 Secretary of State

Entity Nai	me: PHH MOI	RIGAGE CORPORATION				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	DENHALL RD., EL, NJ 08054	MAIL STOP LGL US				
Current M	lailing Addres	s:	New Maili	ng Address	s:	
	DENHALL RD., EL, NJ 08054	MAIL STOP LGL US				
FEI Number	: 22-2195996	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address o	f New Registered Agent:	
1201 HAY	ATION SERVIC S STREET SSEE, FL 3230					
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	its registere	d office or registered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP () SUTER, JOSEF 3000 LEADENH MT. LAUREL, N	IALL ROAD	Title: Name: Address: City-St-Zip:		(X) Change () Addition SEPH ENHALL ROAD L, NJ 08054	
Title: Name: Address: City-St-Zip:	D () EDWARDS, TE 3000 LEADENH MT. LAUREL, N	IALL ROAD	Title: Name: Address: City-St-Zip:	3000 LEADE	(X) Change () Addition TERENCE W ENHALL ROAD L, NJ 08054	
Title: Name: Address: City-St-Zip:	SSVP () BROWN, WILL 3000 LEADENH MT. LAUREL, N	IALL ROAD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () DANAHY, MARI 3000 LEADENH MT. LAUREL, N	IALL ROAD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	ASO () GAGER, GERR 3000 LEADENH		Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: WILLIAM F BROWN SVP 01/05/2006