

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) Amended

FILED

DOCUMENT # **PD9486**

1. Entity Name

Cendant Mortgage Corporation

02 DEC 20 PM 12:00

STATE OF FLORIDA
TALLAHASSEE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3000 Leadenhall Road

3. Mailing Address

3000 Leadenhall Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Mount Laurel, NJ

City & State
Mount Laurel, NJ

4. FEI Number
22-2195996

Applied For
Not Applicable

Zip 08054

Country

Zip 08054

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City

Tallahassee

FL

Zip Code
32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D/P

Terence W. Edwards

3000 Leadenhall Road

Mount Laurel, NJ 08054

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

900009746769
12/30/02--01103--005 **\$61.25

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SVP

Duncan H. Cocroft

1 Campus Drive

Parsippany, NJ 07054

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S/SVP

William F. Brown

3000 Leadenhall Road

Mount Laurel, NJ 08054

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

C.O.O.

Robert E. Groody

3000 Leadenhall Road

Mount Laurel, NJ 08054

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

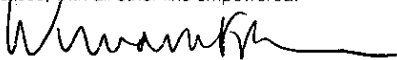
NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:



William F. Brown-SVP

12/17/02

856-917-0903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)