

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90161 030 \*\*\*150.00

DOCUMENT # **P27504**

1. Entity Name

**Chase Mortgage Company West**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**343 Thornall Street**

Suite, Apt. #, etc.

3. Mailing Address

**343 Thornall Street**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Edison, NJ**

City & State

**Edison, NJ**

4. FEI Number

**25-1235281**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

**08837**

Country

**USA**

Zip

**08837**

Country

**USA**

7. Name and Address of Current Registered Agent

Name

**CT Corporation**

Street Address (P.O. Box Number is Not Acceptable)

**1200 S. Pine Island Rd.**

City

**Plantation**

**FL**

Zip Code

**33324**

**DO NOT WRITE  
IN THIS SPACE**

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

**P  
Rotella, Stephen J.  
343 Thornall Street  
Edison, NJ 08837**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S  
Sheehan, Marguerite  
343 Thornall Street  
Edison, NJ 08837**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**V  
Rubin, Lori S.  
343 Thornall Street  
Edison, NJ 08837**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**T  
Reik, Edward A.  
343 Thornall Street  
Edison, NJ 08837**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**V  
Barren, John  
3415 Vision Drive  
Columbus, OH 43219**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**V  
Cohen, Mitchell A.  
343 Thornall Street  
Edison, NJ 08837**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

**Mitchell A. Cohen**

**Mitchell A. Cohen, VP**

**4/10/02**

**(732) 205-0820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)