


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90011 014 ***150.00

DOCUMENT # P27504

1. Entity Name
CHASE MORTGAGE COMPANY-WEST



Principal Place of Business Mailing Address
343 THORNALL ST. **343 THORNALL ST.**
EDISON, NJ 08837 **EDISON, NJ 08837**

44007840



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ROTELLA, STEPHEN J | |
| STREET ADDRESS | 343 THORNALL ST | |
| CITY-ST-ZIP | EDISON, NJ 08837 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SHEEHAN, MARGUERITE | |
| STREET ADDRESS | 343 THORNALL ST | |
| CITY-ST-ZIP | EDISON, NJ 08837 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | RUBIN, LORI S | |
| STREET ADDRESS | 343 THORNALL ST | |
| CITY-ST-ZIP | EDISON, NJ 08837 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | FRIEDMAN, PAMELA S | |
| STREET ADDRESS | 343 THORNALL ST | |
| CITY-ST-ZIP | EDISON, NJ 08837 | |
| TITLE | SV | <input type="checkbox"/> Delete |
| NAME | BARREN, JOHN | |
| STREET ADDRESS | 3415 VISION DR. | |
| CITY-ST-ZIP | COLUMBUS, OH 43219 | |
| TITLE | SV | <input type="checkbox"/> Delete |
| NAME | KOLENDA, TERESA M | |
| STREET ADDRESS | 800 RIDGEVIEW DR | |
| CITY-ST-ZIP | HORSHAM, PA 19044 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Terese Kolenda*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04 *732 205 4061*
 Date Daytime Phone #