

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003244

Entity Name: CHASE MORTGAGE HOLDINGS, INC.**Current Principal Place of Business:**4900 MEMORIAL HIGHWAY
TAMPA, FL 33634**Current Mailing Address:**4900 MEMORIAL HIGHWAY
TAMPA, FL 33634 US**FEI Number:** 13-3945513**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title ASSISTANT SECRETARY
Name LOEFFLER, EVA
Address 4900 MEMORIAL HIGHWAY
City-State-Zip: TAMPA FL 33634

Title ASSISTANT SECRETARY
Name DESROSIER, DENISE L
Address 4900 MEMORIAL HIGHWAY
City-State-Zip: TAMPA FL 33634

Title SECRETARY
Name SENZON, ERIC
Address 4900 MEMORIAL HIGHWAY
City-State-Zip: TAMPA FL 33634

Title DIRECTOR
Name WARD, KATHIE S
Address 4900 MEMORIAL HIGHWAY
City-State-Zip: TAMPA FL 33634

Title PRESIDENT
Name WARD, KATHIE S
Address 4900 MEMORIAL HIGHWAY
City-State-Zip: TAMPA FL 33634

Title TREASURER
Name SARCONI, MARIA L
Address 4900 MEMORIAL HIGHWAY
City-State-Zip: TAMPA FL 33634

Title ASSISTANT SECRETARY
Name SIMON, MATTHEW D
Address 4900 MEMORIAL HIGHWAY
City-State-Zip: TAMPA FL 33634

Title DIRECTOR
Name BETZ, WILLIAM R
Address 4900 MEMORIAL HIGHWAY
City-State-Zip: TAMPA FL 33634

I hereby 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 all other like empowered.

SIGNATURE: EVA LOEFFLER**ASSISTANT SECRETARY 04/13/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date