

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED
May 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 850512
1. Corporation Name

CMS INVESTMENT RESOURCES, INC.
Principal Place of Business Mailing Address

1926 ARCH STREET
PHILADELPHIA, PA 19103

3. Date Incorporated or Qualified 9/29/81
3a. Date of Last Report 5/01/96

2. Principal Place of Business 21
2a. Mailing Address 26

4. FEI Number 23-2174789
Applied For Not Applicable

22 Suite, Apt. #, etc. 27

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

23 City & State 28

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

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD PAUL SILBERBERG
STREET ADDRESS 2023 DELANCEY STREET
CITY - ST - ZIP PHILADELPHIA, PA 19103

1.1 TITLE X Change
1.2 NAME
1.3 STREET ADDRESS 151 CHERRY LANE
1.4 CITY - ST - ZIP WYNNEWOOD, PA 19096

TITLE D MARK SOLOMON
STREET ADDRESS 936 MOREDON ROAD
CITY - ST - ZIP MEADOWBROOK, PA 19046

2.1 TITLE X Change
2.2 NAME
2.3 STREET ADDRESS 429 DOVE LAKE ROAD
2.4 CITY - ST - ZIP BRYN MAWR, PA 19010

TITLE
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME 300002204478
5.3 STREET ADDRESS -06/06/97--01073--032
5.4 CITY - ST - ZIP ***225.00

TITLE
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: _____ Date 5/13/97 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR