

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
2000

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAR -2 AM 10: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 5/1/99

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	23-2174789	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
23. City & State	28. City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
24. Zip	25. Country	29. Zip	30. Country
24	25	29	30
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	800003169598--6 -03/14/00--011851 ****150.00FL****150.00

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME	P-PAUL SILBERBERG <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	151 CHERRY LANE	1.2 NAME	
CITY-ST-ZIP	WYNEWOOD, PA 19096	1.3 STREET ADDRESS	
TITLE NAME	C-MARK SOLOMON <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
STREET ADDRESS	429 DOVE LAKE ROAD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	BRYN MAWR, PA 19010	2.2 NAME	
TITLE NAME	V/T <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS	WILLIAM LANDMAN, 1926 ARCH ST	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	PHILADELPHIA, PA 19103	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	V/S <input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	RICHARD MITCHELL, 1926 ARCH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 19103	3.4 CITY-ST-ZIP	
TITLE NAME	V/S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CARYN KINZIG, 1926 ARCH ST	4.2 NAME	
CITY-ST-ZIP	PHILADELPHIA, PA 19103	4.3 STREET ADDRESS	
TITLE NAME	V/S <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
STREET ADDRESS	INGRID WELCH, 1926 ARCH ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	PHILADELPHIA, PA 19103	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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 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: [Signature] Date: 2/29/00 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR