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May 01 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 # F95000004472 (5)  
1. Corporation Name  
FIRST SECURITY COMMERCIAL MORTGAGE CORPORATION



Principal Place of Business: 30 S. WACKER DR., #2407 CHICAGO IL 60606  
Mailing Address: 30 S. WACKER DR., #2407 CHICAGO IL 60606-7405

3. Date Incorporated or Qualified: 09/14/1995  
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business: 21 150 S. Wacker Drive, Suite, Apt. #, etc. #1100, Chicago, IL 60606, U.S.A.  
2a. Mailing Address: 26 150 S. Wacker Drive, Suite, Apt. #, etc. 1100, Chicago, IL 60606, U.S.A.

4. FEI Number: 36-3900344  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC., 1201 HAYS STREET SUITE 105, TALLAHASSEE FL 32301

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	JACKSON, DAVID	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 30 S. WACKER DR., #2407	CHICAGO IL 60606	1.2 NAME:	
CITY-ST-ZIP: CHICAGO IL 60606		1.3 STREET ADDRESS: 150 S. Wacker Drive, #1100	
TITLE: VSD	POWELL, BARRY	1.4 CITY-ST-ZIP: Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 30 S. WACKER DR., #2407	CHICAGO IL 60606	2.1 TITLE: v/s	
CITY-ST-ZIP: CHICAGO IL 60606		2.2 NAME:	
TITLE: TD	BELL, KARIN L	2.3 STREET ADDRESS: 150 S. Wacker Drive, Suite #1100	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 30 S. WACKER DR., #2407	CHICAGO IL 60606	2.4 CITY-ST-ZIP: Chicago, IL 60606	
CITY-ST-ZIP: CHICAGO IL 60606		3.1 TITLE: v/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DC	STONE, HOWARD L	3.2 NAME:	
STREET ADDRESS: 30 S. WACKER DR., #2407	CHICAGO IL 60606	3.3 STREET ADDRESS: 150 S. Wacker Drive, #1100	
CITY-ST-ZIP: CHICAGO IL 60606		3.4 CITY-ST-ZIP: Chicago, IL 60606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	BLOOM, MARK	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 30 S. WACKER DR., #2407	CHICAGO IL 60606	4.2 NAME:	
CITY-ST-ZIP: CHICAGO IL 60606		4.3 STREET ADDRESS:	
TITLE: D	DALHART, GLENN	4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 30 S. WACKER DR., #2407	CHICAGO IL 60606	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: CHICAGO IL 60606		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		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: *Sandy L. Powell* / *Barry L. Powell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/23/97 (32) 425-3312  
Daytime Phone: 0482244

CR2E034 (9/96)