

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0119968

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 NOV 12 AM 11:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F95000004472 (5)
 1. Corporation Name
 FIRST SECURITY COMMERCIAL MORTGAGE CORPORATION
 REINSTATEMENT



REINSTATEMENT 98
 DO NOT WRITE IN THIS SPACE

Principal Place of Business: 150 S WACKER DR, 1100, CHICAGO IL 60606, US
 Mailing Address: 150 S WACKER DR, 1100, CHICAGO IL 60606, US

3. Date Incorporated or Qualified: 09/14/1995
 4. FEI Number: 36-3900344
 Applied For: Not Applicable
 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business: 21
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24
 Country: 25
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29
 Country: 30

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
 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: *Sandra B. Mortham*, AUTHORIZED REPRESENTATIVE
 DATE: 11/10/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACKSON, DAVID	
STREET ADDRESS	150 S WACKER DR, #1100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VSP	<input type="checkbox"/> DELETE
NAME	POWELL, BARRY	
STREET ADDRESS	150 S WACKER DR, SUITE 1100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BELL, KARIN L	
STREET ADDRESS	150 S WACKER DR, #1100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	STONE, HOWARD L	
STREET ADDRESS	30 S. WACKER DR., #2407	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOOM, MARK	
STREET ADDRESS	30 S. WACKER DR., #2407	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DALHART, GLENN	
STREET ADDRESS	30 S. WACKER DR., #2407	
CITY-ST-ZIP	CHICAGO IL 60606	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EVP, VS, D
2.3 STREET ADDRESS	600002686736--0
2.4 CITY-ST-ZIP	-11/13/98--01032--004
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	***750.00
3.3 STREET ADDRESS	***750.00
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D GAFFEN, HARVEY
6.3 STREET ADDRESS	30 S. WACKER DRIVE, #2407
6.4 CITY-ST-ZIP	CHICAGO, IL 60606

14. 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 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: BY: *BARRY POWELL* NATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 11/5/98
 DAYTIME PHONE #: 312-425-9300

CR2E034 (5/98)