

4/27/98

B-5711-C
FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000312 (0)
1. Corporation Name
CYPRESS POINT HOLDING CORP.



Principal Place of Business 100 EAST PRATT STREET, SUITE 2030 BALTIMORE MD 21202	Mailing Address 100 EAST PRATT STREET, SUITE 2030 BALTIMORE MD 21202
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3. Date Incorporated or Qualified 11/16/1992		
4. FEI Number 59-3153068	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301
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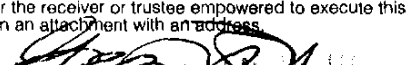
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed 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	P <input type="checkbox"/> DELETE	1.1 TITLE	St <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRILL, WILLIAM K JR.	1.2 NAME	GEORGE W. DUKE
STREET ADDRESS	100 EAST PRATT STREET, SUITE 2030	1.3 STREET ADDRESS	100 EAST PRATT STREET SUKTE 2030
CITY-ST-ZIP	BALTIMORE MD 21202	1.4 CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONON, GERALD	2.2 NAME	
STREET ADDRESS	100 EAST PRATT STREET, SUITE 2030	2.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, PETER M	3.2 NAME	FRANCIS J. DONLEVY
STREET ADDRESS	30 N. 3RD ST. 5TH FLOOR	3.3 STREET ADDRESS	30N. 3rd ST. 5th FLOOR
CITY-ST-ZIP	HARRISBURG PA	3.4 CITY-ST-ZIP	HARRISBURG, PA
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALMAN, DAVID J	4.2 NAME	
STREET ADDRESS	30 N. 3RD ST. 5TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACCIA, JOSEPH A	5.2 NAME	
STREET ADDRESS	30 N. 3RD ST. 5TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  4/20/98 410 347 0600

CR2E037 (1097)