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FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 5/1/97

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

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4. FEI Number 23-2174789  
Applied For Not Applicable

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

6. Election Campaign Financing \$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

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 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 607.0506, 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 NAME	P-PAUL SILBERBERG	1.1 TITLE	
STREET ADDRESS	151 CHERRY LANE	1.2 NAME	Change Addition
CITY-ST-ZIP	WYNEWOOD, PA 19096	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE NAME	C-MARK SOLOMON	2.1 TITLE	100002433341
STREET ADDRESS	429 DOVE LAKE ROAD	2.2 NAME	-02/17/98-01099-011
CITY-ST-ZIP	BRYN MAWR, PA 19010	2.3 STREET ADDRESS	***150.00
		2.4 CITY-ST-ZIP	
TITLE NAME		3.1 TITLE	V/T
STREET ADDRESS		3.2 NAME	WILLIAM LANDMAN, 19126 ARCH ST.
CITY-ST-ZIP		3.3 STREET ADDRESS	PHILADELPHIA, PA 19103
		3.4 CITY-ST-ZIP	
TITLE NAME		4.1 TITLE	V/S
STREET ADDRESS		4.2 NAME	RICHARD MITCHELL, 1926 ARCH ST.
CITY-ST-ZIP		4.3 STREET ADDRESS	PHILADELPHIA, PA 19103
		4.4 CITY-ST-ZIP	
TITLE NAME		5.1 TITLE	V/S
STREET ADDRESS		5.2 NAME	CARYN KINZIG, 1926 ARCH ST.
CITY-ST-ZIP		5.3 STREET ADDRESS	PHILADELPHIA, PA 19103
		5.4 CITY-ST-ZIP	
TITLE NAME		6.1 TITLE	V/S
STREET ADDRESS		6.2 NAME	INGRID WELCH, 1926 ARCH ST.
CITY-ST-ZIP		6.3 STREET ADDRESS	PHILADELPHIA, PA 19103
		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)

PE  
2-17