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PROFIT CORPORATION
ANNUAL REPORT
1999

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

FILED

99 JAN 21 PM 4:09

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 5/1/98

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

23-2174789

Applied For
Not Applicable

Suite, Apt., etc.

Suite, Apt., etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

City & State

City & State

Trust Fund Contribution

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes Yes No

City & State

City & State

City & State

City & State

9. Name and Address of Current Registered Agent

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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, 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
STREET ADDRESS 151 CHERRY LANE
CITY-ST-ZIP WYNNEWOOD, PA 19096

TITLE NAME C- MARK SOLOMON
STREET ADDRESS 429 DOVE LAKE ROAD
CITY-ST-ZIP BRYN MAWR, PA 19010

TITLE NAME V/T
STREET ADDRESS WILLIAM LANDMAN, 19 26 ARCH ST.
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE NAME V/S
STREET ADDRESS RICHARD MITCHELL, 1926 ARCH ST.
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE NAME V/S
STREET ADDRESS CARYN KINZIG, 1926 ARCH ST.
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE NAME V/S
STREET ADDRESS INGRID WELCH, 1926 ARCH ST.
CITY-ST-ZIP PHILADELPHIA, PA 19103

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: David Difelice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *

1/15/99 (215) 246 3000