2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001670

Entity Name: CMS OAKLEIGH CORP.

FILED Jan 07, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O CMS AFFILIATED PARTNERSHIPS 308 E. LANCASTER AVENUE, SUITE 300 WYNNEWOOD, PA 19096

Current Mailing Address: New Mailing Address:

C/O DONNA RITTERSHAUSEN, CMS COMPANIES 308 E. LANCASTER AVENUE, SUITE 300 WYNNEWOOD, PA 19096 US

FEI Number: 20-1628976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: SILBERG, PAUL

Address: 308 E. LANCASTER AVENUE, SUITE 300

City-St-Zip: WYNNEWOOD, PA 19096

Title: VD

Name: LANDMAN, WILLIAM A

Address: 308 E. LANCASTER AVENUE, SUITE 300

City-St-Zip: WYNNEWOOD, PA 19096

Title: V

Name: MITCHELL, RICHARD A

Address: 308 E. LANCASTER AVENUE, SUITE 300

City-St-Zip: WYNNEWOOD, PA 19096

Title: VAS

Name: CLAPPER, DAVID A

Address: 308 E. LANCASTER AVENUE, SUITE 300

City-St-Zip: WYNNEWOOD, PA 19096

Title: VAS

Name: WELCH, INGRID R

Address: 308 E. LANCASTER AVENUE, SUITE 300

City-St-Zip: WYNNEWOOD, PA 19096

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: INGRID R. WELCH VP 01/07/2011