

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 28 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <span style="font-size: 1.5em; font-family: cursive;">F92000000363</span>			
<b>1. Corporation Name</b> CREDIT SUISSE FIRST BOSTON REALTY, INC.			
<b>Principal Place of Business</b> C/O CREDIT SUISSE FIRST BOSTON CORP. 11 MADISON AVENUE NEW YORK, NY 10010		<b>Mailing Address</b> 11 MADISON AVENUE NEW YORK, NY 10010	
DO NOT WRITE IN THIS SPACE			
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
<b>3. Date Incorporated or Qualified</b> 11/20/92		<b>4. FEI Number</b> 13-3123310	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>Trust Fund Contribution</b> <input type="checkbox"/>	
<b>7. This corporation owes or has paid the current year Intangible</b>		<b>Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8. Name and Address of Current Registered Agent</b> THE PRENTICE-HALL CORP. SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <span style="float: right;">85 Zip Code</span>	
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PRESIDENT/DIR. <input type="checkbox"/> DELETE WILLIAM S. PITOFISKY 11 MADISON AVENUE NEW YORK, NY 10010	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VICE PRESIDENT <input type="checkbox"/> DELETE RUSSELL APPEL 11 MADISON AVENUE NEW YORK, NY 10010	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	SECRETARY <input type="checkbox"/> DELETE LORI M. RUSSO 11 MADISON AVENUE NEW YORK, NY 10010	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	TREASURER <input type="checkbox"/> DELETE DIANE MANNO 11 MADISON AVENUE NEW YORK, NY 10010	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DIR. OF TAXES <input type="checkbox"/> DELETE THOMAS A. DEGENNARO 11 MADISON AVENUE NEW YORK, NY 10010	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right; font-family: cursive;">         300002539733          -05/28/98--01102--021          ***150.00       </div>
<b>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.</b>			
<b>SIGNATURE:</b> <span style="font-family: cursive;">Thomas A. DeGennaro</span> <b>Thomas A. DeGennaro</b> 4.21.98 212-325-1994			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (10/97)