


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005679 (6)

1. Corporation Name

COMMERCIAL LENDING CORPORATION

Principal Place of Business

565 W MYRTLE
SUITE 410
BOISE ID 83702
US

Mailing Address

565 W MYRTLE
SUITE 410
BOISE ID 83702
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/15/1993	3a. Date of Last Report 03/12/1996
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4. FEI Number 82-0460517	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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
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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 700 North Pearl Street

Suite, Apt. #, etc.

27 Suite 2400 - LB 342

City & State

28 Dallas TX

Zip

29 75201-7424

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

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

OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	FULKERSON, LOWELL A	
STREET ADDRESS	315 E. EISENHOWER, SUITE 6	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, MATTHEW T	
STREET ADDRESS	565 W MYRTLE, SUITE 410	
CITY-ST-ZIP	BOISE ID	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	PREHN, JOHN J	
STREET ADDRESS	565 W MYRTLE, SUITE 410	
CITY-ST-ZIP	BOISE ID	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WACHTELL, PETER J	
STREET ADDRESS	565 W MYRTLE, SUITE 410	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	LINDSEY, TODD J	
STREET ADDRESS	565 W MYRTLE, SUITE 410	
CITY-ST-ZIP	BOISE ID	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>See attached list</i>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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-09/08/97--01004--025
***550.00

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 REQUIRED

CR2E034 (4/97)

AMRESKO Commercial Lending Corporation

Officers List

Robert H. Lutz, Jr.	Chairman of the Board, Chief Executive Officer & Director
Robert L. Adair III	President, Chief Operating Officer & Director
Barry L. Edwards	Executive Vice President, Chief Financial Officer & Director
Thomas J. Andrus	Vice President & Treasurer
L. Keith Blackwell	Vice President, General Counsel & Secretary
Randolph E. Brown	Vice President
Ronald B. Kirkland	Vice President & Chief Accounting Officer
Lowell Fulkerson	Vice President
Todd Lindsey	Vice President
Matthew Moore	Vice President
John Prehn	Vice President
William Cole	Vice President, Assistant General Counsel & Assistant Secretary
Michael L. McCoy	Assistant Secretary
Sherri Randall	Assistant Treasurer

Address:

700 North Pearl Street
Suite 2400 – LB 342
Dallas, TX 75201-7424