CR2E034

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 NOV 12 AMII: 09 DOCUMENT # F95000004472 (5) SECRETARY OF STATE TALLAHASSEE. FLORIDA FIRST SECURITY COMMERCIAL MORTGAGE CORPORATION Principal Place of Business Mailing Address 150 S WACKER DR 150 S WACKER DR 1100 1100 CHICAGO IL 60606 CHICAGO IL 60606 DO NOT WRITE IN THIS SPACE HS US 3. Date Incorporated or Qualified 09/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-3900344 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 30 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 City Zip Code 85 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 ebligations of, section 607.0505, Florida Statutes.

SIGNATURE THE AUTHORIZED REPRESENTATIVE

11/10/98 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE OELETE Change Addition JACKSON, DAVID NAME 1.2 NAME 150 S WACKER DR. #1100 STREET ADDRESS 1.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITL € DELETE 2.1 TITLE Change Addition EVP, VS, D POWELL, BARRY NAME 2.2 NAME 600002686736-STREET ADDRESS 150 S WACKER DR, SUITE 1100 2.3 STREET ADDRESS -11/13/98--01032--004 CHICAGO IL CITY-ST-ZIP 2.4 CITY-ST-ZIP \*\*\*\*750.00 \*\*\*\*750.00 Addition TITLE DELETE 3.1 TITLE NAME BELL, KARIN L 3.2 NAME 150 S WACKER DR, #1100 STREET ADDRESS 3.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition STONE, HOWARD L NAME 4.2 NAME 30 S. WACKER DR., #2407 STREET ADDRESS 4.3 STREET ADDRESS CHICAGO IL 60606 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE Change DELETE Addition BLOOM, MARK NAME 5.2 NAME 30 S. WACKER DR., #2407 STREET ADDRESS 5.3 STREET ADDRESS CHICAGO IL 60606 5,4 CITY-ST-ZIP CTY-ST-ZIF Change XX Addition DELETE TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

) ME

STREET ADDRESS

DALHART, GLENN

30 S. WACKER DR., #2407

CITYST-ZIP | UMICAGO IL 60606

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 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 of 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 attackment with an address.

SIGNATURE:

BY:

BY:

BARRY

POWELL RY 2407

CHICAGO, IL 60606

CHICAGO, TL 60606

11. 60606

12. 1 hereby certify that the information indicated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by on an attackment with an address.

SIGNATURE:

BY:

BARRY

AND TYPED ON PRINTED NAME OF PRINTED NAME OF SECURITY NAME

30 S. WACKER DRIVE, #2407

GAFFEN, HARVEY