

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # **F96000001504 (7)**

1. Corporation Name
850 TRAFALGAR CORPORATION

Principal Place of Business
**C/O LASALLE ADVISORS
100 E. PRATT ST.
BALTIMORE MD 21202**

Mailing Address
**C/O LASALLE ADVISORS
100 E. PRATT ST.
BALTIMORE MD 21202-1009**



2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 03/25/1996	3a. Date of Last Report
4. FEI Number APPLIED FOR 52-1968262	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	MORRILL, WILLIAM K
STREET ADDRESS	100 E. PRATT ST.
CITY-ST-ZIP	BALTIMORE MD 21202
TITLE	V <input type="checkbox"/> DELETE
NAME	RONON, GERALD R
STREET ADDRESS	100 E. PRATT ST.
CITY-ST-ZIP	BALTIMORE MD 21202
TITLE	ST <input type="checkbox"/> DELETE
NAME	DONOVAN, PAUL J
STREET ADDRESS	100 E. PRATT ST.
CITY-ST-ZIP	BALTIMORE MD 21202
TITLE	ST <input type="checkbox"/> DELETE
NAME	REID, MARTIN A
STREET ADDRESS	100 E. PRATT ST.
CITY-ST-ZIP	BALTIMORE MD 21202
TITLE	D <input type="checkbox"/> DELETE
NAME	GILBERT, PETER M
STREET ADDRESS	30 N. 3RD ST., 5TH FLOOR
CITY-ST-ZIP	HARRISBURG PA 17101
TITLE	D <input type="checkbox"/> DELETE
NAME	KALMAN, DAVID J
STREET ADDRESS	30 N. 3RD ST., 5TH FLOOR
CITY-ST-ZIP	HARRISBURG PA 17101

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

51-97

410-341-0600

Date

Daytime Phone #

0000026

CR2E034 (9/96)