

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

APPROVED
AND
FILED
98 MAY 22 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

03/25/1996

4. FEI Number

52-1968262

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes 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

600002537126-5

05/27/98-01089-017

****150.00 ****150.00

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
NAME MORRILL, WILLIAM K
STREET ADDRESS 100 E. PRATT ST.
CITY-ST-ZIP BALTIMORE MD 21202

DELETE

TITLE V
NAME RONON, GERALD R
STREET ADDRESS 100 E. PRATT ST.
CITY-ST-ZIP BALTIMORE MD 21202

DELETE

TITLE ST
NAME DONOVAN, PAUL J
STREET ADDRESS 100 E. PRATT ST.
CITY-ST-ZIP BALTIMORE MD 21202

DELETE

TITLE ST
NAME REID, MARTIN A
STREET ADDRESS 100 E. PRATT ST.
CITY-ST-ZIP BALTIMORE MD 21202

DELETE

TITLE D
NAME GILBERT, PETER M
STREET ADDRESS 30 N. 3RD ST., 5TH FLOOR
CITY-ST-ZIP HARRISBURG PA 17101

DELETE

TITLE D
NAME KALMAN, DAVID J
STREET ADDRESS 30 N. 3RD ST., 5TH FLOOR
CITY-ST-ZIP HARRISBURG PA 17101

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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.

SIGNATURE

W Morrill

11/2 247

CR2E034 (10/97)