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FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000006641 (2)

1. Corporation Name  
SLC CMBS I, INC.



Principal Place of Business  
2231 EAST CAMELBACK ROAD  
SUITE 400  
PHOENIX AZ 85016

Mailing Address  
2231 EAST CAMELBACK ROAD  
SUITE 400  
PHOENIX AZ 85016-3453

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/18/1996

N/A

4. FEI Number

APPLIED FOR 86-0841641

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE COBD ☐ DELETE

NAME JONES, EARLE F  
STREET ADDRESS 2552 LAKE CIRCLE  
CITY-ST-ZIP JACKSON MS 39211

TITLE CEO ☐ DELETE

NAME DANZIGER, ERIC A  
STREET ADDRESS 74 E. GRINEY CLUB DRIVE #142  
CITY-ST-ZIP SCOTTSDALE AZ 85258

TITLE CFO ☐ DELETE

NAME DARNALL, THEODORE W  
STREET ADDRESS 8235 NORTH 82ND PLACE  
CITY-ST-ZIP PARADISE ALLEY AZ 85253

TITLE VC ☐ DELETE

NAME SCHNAID, ALAN M  
STREET ADDRESS 5132 NORTH 31ST PLACE #138  
CITY-ST-ZIP PHOENIX AZ 85016

TITLE VS ☐ DELETE

NAME MARGALIT, NIR  
STREET ADDRESS 9363 NORTH 109TH PLACE  
CITY-ST-ZIP SCOTTSDALE AZ 85259

TITLE D ☐ DELETE

NAME CHAPUS, JEAN-MARC  
STREET ADDRESS 1592 ASILOMAR BLVD.  
CITY-ST-ZIP PACIFIC PALISADES CA 90272

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

ALAN M. SCHNAID

4-25-97

602/852-3800

CR2E034 (9/96)