


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

FILED  
Mar 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006641 (2)**

1. Corporation Name  
**SLC CMBS I, INC.**



Principal Place of Business <b>2231 EAST CAMELBACK ROAD SUITE 400 PHOENIX AZ 85016</b>	Mailing Address <b>2231 EAST CAMELBACK ROAD SUITE 400 PHOENIX AZ 85016</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/18/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>86-0643641</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Zip	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	

9. Name and Address of Current Registered Agent

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
85	Zip Code

**FL**

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	<b>COBO</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, EARLE F</b>	
STREET ADDRESS	<b>2552 LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>JACKSON MS 39211</b>	
TITLE	<b>CEOP</b>	<input type="checkbox"/> DELETE
NAME	<b>DANZIGER, ERIC A</b>	
STREET ADDRESS	<b>74 E. GRINEY CLUB DRIVE #142</b>	
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85258</b>	
TITLE	<b>CFOV</b>	<input type="checkbox"/> DELETE
NAME	<b>DARNALL, THEODORE W</b>	
STREET ADDRESS	<b>8235 NORTH 62ND PLACE</b>	
CITY-ST-ZIP	<b>PARADISE ALLEY AZ 85253</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHNAID, ALAN M</b>	
STREET ADDRESS	<b>5132 NORTH 31ST PLACE #138</b>	
CITY-ST-ZIP	<b>PHOENIX AZ 85016</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>MARGALIT, NIR</b>	
STREET ADDRESS	<b>9363 NORTH 109TH PLACE</b>	
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85259</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAPUS, JEAN-MARC</b>	
STREET ADDRESS	<b>1592 ASILOMAR BLVD.</b>	
CITY-ST-ZIP	<b>PACIFIC PALISADES CA 90272</b>	

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 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:



3.5.98

602/852-3900

CR2E034 (10/97)