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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90120 049 ***150.00

DOCUMENT # F96000006641

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1996

4. FEI Number

86-0843641

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 777 WESTCHESTER AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 WHITE PLAINS NY

Zip Country

24 10604 25 USA

27 City & State

28

Zip Country

29

30

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

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

TITLE CFOV
NAME DARNALL, THEODORE W
STREET ADDRESS 8235 NORTH 62ND PLACE
CITY-ST-ZIP PARADISE ALLEY AZ 85253 ☒ DELETE

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE FRED KLEISNER-P
1.2 NAME 777 WESTCHESTER AVENUE
1.3 STREET ADDRESS WHITE PLAINS, NY 10604
1.4 CITY-ST-ZIP ☐ Change ☒ Addition

2.1 TITLE MARK ROZELLS-V/T
2.2 NAME 2231 E CAMELBACK RD, STE 400
2.3 STREET ADDRESS PHOENIX, AZ 85016
2.4 CITY-ST-ZIP ☐ Change ☒ Addition

3.1 TITLE JAMES LATHAM-V/S
3.2 NAME 777 WESTCHESTER AVENUE
3.3 STREET ADDRESS WHITE PLAINS, NY 10604
3.4 CITY-ST-ZIP ☐ Change ☒ Addition

4.1 TITLE PETER MORROW-AT
4.2 NAME 2231 E CAMELBACK RD, STE 400
4.3 STREET ADDRESS PHOENIX, AZ 85016
4.4 CITY-ST-ZIP ☐ Change ☒ Addition

5.1 TITLE DAVID HUGHES-AT
5.2 NAME 2231 E CAMELBACK RD, STE 400
5.3 STREET ADDRESS PHOENIX, AZ 85016
5.4 CITY-ST-ZIP ☐ Change ☒ Addition

6.1 TITLE PETER ALPERT-AT
6.2 NAME 777 WESTCHESTER AVENUE
6.3 STREET ADDRESS WHITE PLAINS, NY 10604
6.4 CITY-ST-ZIP ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER MORROW

4-20-99 602-852-3900

Date

Daytime Phone #

CR2E034 (1/198)