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 # F9600006642 (0)

SLT CMBS I, INC.

Principal Place of Busine	355	
2231 EAST CAMELBACK PHOENIX AZ 85016	ROAD.	SUITE 4

Mailing Address

2231 EAST CAMELBACK ROAD, SUITE 410 PHOENIX AZ 85016

FILED Mar 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

					20.101 111112 111		
					3. Date Incorporated or Qualified 12/18/1996		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	1 17	Applied For
		26			86-0843643		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				 -,-	Additional
22		27	·		5. Certificate of Status Desired	Fee F	Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.06	D May Be
23		28		·	Trust Fund Contribution	Added	d to Fees
Zip	Country	Zip	Count	гу	8. This corporation owes or has paid the	_ `	
24	25		Ю		Personal Property Tax due June 30.		∐ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	d Agent	
	CORPORATION SYSTEM		8	1 Name			
1200 SOUTH PINE ISLAND ROAD			a	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
PL/	ANTATION FL 33324			Stied Address (F.O. Box Multiper is Not Acceptable)			
			8	3			
	÷		8	4 City	F	L 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abo	ve-named corp	poration submits this statement for the purpose	of changing	its registered
office or r	registered agent, or both, in the State i im familiar with, and accept the obliga	of Florida. Such change was aut	thorized !	by the corporat	tion's board of directors. I hereby accept the a	ppointment a	s registered
SIGNATURE	Signature, typed or printed name of registered again	and the Happicable. (NOTE: I	Registered A	gent signature requi	red when reinstaling) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	CEOC	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	Sternlicht, Barry S		1.2 NAM	E			
STREET ADDRESS	1210 OLD MILL RD		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	GREENWICH CT 06831		1.4 CITY	-ST-7IP			
TITLE	CFOV	☐ DELETE	2.1 TITLE			Change	Addition
NAME	BROWN, RONALD C		2.2 NAMI				
STREET ADDRESS	6026 EAST CHOLLA LANE			et address			
CITY-ST-ZIP	SCOTTSDALE AZ 85253		2. 4 CITY	1			
TITLE	DV	DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME	GOLDMAN, STEVE R		3.2 NAMI				
STREET ADDRESS	6900 EAST BERNEIL DRIVE			ET ADDRESS			
	PARADISE ALLEY AZ 85253		ſ	f			
CITY-ST-ZIP TITLE	D	DELETE	3.4. CITY 4.1 TITLE			Change	Addition
NAME	GROSE, MADISON F	ottett				L Smarryo	
	94 DINGLETOWN ROAD		4. 2 NAM				
STREET ADDRESS	GREENWICH CT 06830		•	ET ADDRESS			:
CITY-ST-ZIP	D OREENTION OF 00030	DELETE	4.4 CITY			T Charac	Laabt
TITLE	QUAZZO, STEPHEN R	☐ DETEIF	5.1 TITLE	l		Change	Addition
NAME		DT 54C	5.2 NAME				
STREET ADDRESS	1500 N. LAKESHORE DRIVE A	F1. 210	5.3 STRE	et address			ı
CITY-ST-ZIP	CHICAGO IL 60610		5 4 CITY				r-9
TITLE	D	DELETE	61 TITLE			☐ Change	Addition
NAME	SIMMS, WILLIAM E		6.2 NAM				
STREET ADDRESS	4209 MOORLAND DRIVE		6.3 STREE	ET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28226		64 CITY-	ST-7IP			

14. Thereby 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 a state of the corporation of 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 a state of the corporation of 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 a state of the corporation of 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 a state of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

Ronald C. Brown

602/852-3900