

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006642 (0)
 1. Corporation Name
SLT CMBS I, INC.



Principal Place of Business 2231 EAST CAMELBACK ROAD, SUITE 410 PHOENIX AZ 85016	Mailing Address 2231 EAST CAMELBACK ROAD, SUITE 410 PHOENIX AZ 85016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1996	
21	22	26	27	4. FEI Number 86-0843643	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	24	28	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	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 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
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNLICHT, BARRY S	1.2 NAME	
STREET ADDRESS	1210 OLD MILL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06831	1.4 CITY-ST-ZIP	
TITLE	CFOV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RONALD C	2.2 NAME	
STREET ADDRESS	8028 EAST CHOLLA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ 85253	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, STEVE R	3.2 NAME	
STREET ADDRESS	8900 EAST BERNEIL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARADISE ALLEY AZ 85253	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSE, MADISON F	4.2 NAME	
STREET ADDRESS	94 DINGLETOWN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUAZZO, STEPHEN R	5.2 NAME	
STREET ADDRESS	1500 N. LAKESHORE DRIVE APT. 21C	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMS, WILLIAM E	6.2 NAME	
STREET ADDRESS	4209 MOORLAND DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28228	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:  **Ronald C. Brown** 3.3.98 602/852-3900

CFR2E034 (10/97)