

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

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

04-27-1999 90120 039 ***150.00

0552808

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F96000006642

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

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

22 City & State
23 WHITE PLAINS NY

24 Zip 10604 25 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 30 Country

3. Date Incorporated or Qualified

12/18/1996

4. FEI Number

86-0843643

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

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 CEOC
NAME STERNLICHT, BARRY S
STREET ADDRESS 1210 OLD MILL RD
CITY-ST-ZIP GREENWICH CT 06831

TITLE CFOV
NAME BROWN, RONALD C
STREET ADDRESS 6026 EAST CHOLLA LANE
CITY-ST-ZIP SCOTTSDALE AZ 85253

TITLE DV
NAME GOLDMAN, STEVE R
STREET ADDRESS 6900 EAST BERNEIL DRIVE
CITY-ST-ZIP PARADISE ALLEY AZ 85253

TITLE D
NAME GROSE, MADISON F
STREET ADDRESS 94 DINGLETOWN ROAD
CITY-ST-ZIP GREENWICH CT 06830

TITLE D
NAME QUAZZO, STEPHEN R
STREET ADDRESS 1500 N. LAKESHORE DRIVE APT. 21C
CITY-ST-ZIP CHICAGO IL 60610

TITLE D
NAME SIMMS, WILLIAM E
STREET ADDRESS 4209 MOORLAND DRIVE
CITY-ST-ZIP CHARLOTTE NC 28226

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
6.2 NAME PETER ALPERT-AT
6.3 STREET ADDRESS 777 WESTCHESTER AVENUE
6.4 CITY-ST-ZIP WHITE PLAINS, NY 10604

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0502, Florida Statutes, 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:

Peter Morrow

PETER MORROW

4-20-99

602-852-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)