

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

APPROVED AND FILED

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1997 MAY -1 PM 4:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT
1997

DOCUMENT # F96000006895 (4)

1. Corporation Name
CRESTPOINTE FINANCIAL CORP.

Principal Place of Business 650 CIT DR. P.O. BOX 491 LIVINGSTON NJ 07039	Mailing Address 650 CIT DR. P.O. BOX 491 LIVINGSTON NJ 07039-0491
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 29
	Zip 30

3. Date Incorporated or Qualified 12/31/1996	3a. Date of Last Report
4. FEI Number 52-2005888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EGAN, JAMES J JR.	
STREET ADDRESS	650 CIT DR.	
CITY - ST - ZIP	LIVINGSTON NJ 07039	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAUERBAND, RICHARD W	
STREET ADDRESS	650 CIT DR.	
CITY - ST - ZIP	LIVINGSTON NJ 07039	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VENI, GUY N	
STREET ADDRESS	650 CIT DR.	
CITY - ST - ZIP	LIVINGSTON NJ 07039	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	REILLY, CHRISTINE	
STREET ADDRESS	650 CIT DR.	
CITY - ST - ZIP	LIVINGSTON NJ 07039	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ROSEN, NORMAN H	
STREET ADDRESS	650 CIT DR.	
CITY - ST - ZIP	LIVINGSTON NJ 07039	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	000002168570--6
2.4 CITY - ST - ZIP	-05/06/97--01137--011
	***165.00 ***165.00
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 do 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: *Christine Reilly* 4/28/97 (201) 740-5373

CR2E034 (9/96)

Handwritten signature

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CRESTPOINTE FINANCIAL CORP.
(a Delaware Corporation)

OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>BUS. ADDRESS</u>	<u>HOME</u>
James J. Egan, Jr. SS#091-30-6982	President	650 CIT Drive Livingston, NJ	1415 Lamington Rd. Bedminster, NJ 7921
Richard W. Bauerband SS#010-42-3490	Executive Vice Pres.	650 CIT Drive Livingston, NJ	30 Beech Avenue Madison, NJ 07940
Guy N. Veni SS#123-38-7292	Exec. Vice-Pres	650 CIT Drive Livingston, NJ	10 Sanford Rd. Budd Lake, NJ 07828
Christine Reilly SS#122-46-8700	Vice Pres. Treasurer	650 CIT Drive Livingston, NJ	1 Deer Path Berkeley Heights, NJ 7828
Norman H. Rosen SS# 058-30-8067	Senior Vice Pres. & General Counsel Secretary	650 CIT Drive Livingston, NJ	64 Franklin St. Englewood, NJ 07631

DIRECTORS

James J. Egan, Jr.
Richard W. Bauerband
Guy N. Veni
Christine Reilly

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Heroux, Ronald

Asst. Vice
Pres.

2141 East
Highland Ave.
Phoenix,
AZ 85016

9501 E. Michigan
Ave.
Sun Lakes, AZ
85248

S.S.#558-54-4313

Minter, Deborah

Asst. Vice
Pres.

999 Northwest
Grand, Ok. City
OK 73118

245 Falcon Creek Dr.
Suwanee, GA
30174

S.S.# 404-88-4180

Smith, Donald

Vice Pres.

999 Northwest
Grand, Ok. City
OK 73118

2304
Berryhill Circle
Edmond OK
73034