

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 9/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

07-30-1999 90003 008 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # F97000000178 ✓  
 1. Corporation Name  
 CTC (MD) QRS 12-19, INC.

Principal Place of Business: %WP CAREY & CO., INC. 50 ROCKEFELLER PLAZA, 2ND FLR NY NY 10020  
 Mailing Address: %WP CAREY & CO., INC. 50 ROCKEFELLER PLAZA, 2ND FLR NY NY 10020

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suits, Apt. #, etc., City & State, Zip, and Country.

3. Date incorporated or Qualified: 01/10/1997  
 4. FEI Number: 13-3924468  
 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:  Yes  No

07/30/99 90003 008 \$550.00  
 DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 registering)

12. OFFICERS AND DIRECTORS

TITLE	DCV	<input checked="" type="checkbox"/> DELETE
NAME	JONES, BARCLAY G III	
STREET ADDRESS	%WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ	
CITY-ST-ZIP	NY NY 10020	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CAREY, FRANCIS	
STREET ADDRESS	%WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ	
CITY-ST-ZIP	NY NY 10020	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, CLAUDE	
STREET ADDRESS	%WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ	
CITY-ST-ZIP	NY NY 10020	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAREY, H AUGUSTUS	
STREET ADDRESS	%WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ	
CITY-ST-ZIP	NY NY 10020	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOHL, ANTHONY S	
STREET ADDRESS	%WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ	
CITY-ST-ZIP	NY NY 10020	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GORDON-F. DUBAN	
1.3 STREET ADDRESS	50 ROCKEFELLER PLAZA	
1.4 CITY-ST-ZIP	NEW YORK, NY 10020	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN J. PARK	
2.3 STREET ADDRESS	50 ROCKEFELLER PLAZA	
2.4 CITY-ST-ZIP	NEW YORK, NY 10020	
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	PRESIDENT	<input checked="" 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	2ND VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	YASSEM SHEARAWO	
6.3 STREET ADDRESS	50 ROCKEFELLER PLAZA	
6.4 CITY-ST-ZIP	NEW YORK, NY 10020	

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: Yassem Shearawo 7/2/99 (212) 492-1110  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #

CR2E034 (5/99)