


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90043 039 ***150.00

DOCUMENT # F99000006310	
1. Entity Name BTM PROPERTIES CORPORATION	

Principal Place of Business C/O DEUTSCHE BANK 60 WALL STREET, NYC60-4006 NEW YORK, NY 10005	Mailing Address C/O DEUTSCHE BANK 60 WALL STREET, NYC60-4006 NEW YORK, NY 10005
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052004 Chg-P CR2E034 (10/03)

4. FEI Number 52-2031961	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD <input type="checkbox"/> Delete	TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, JAMES D	NAME	Egan, James D.
STREET ADDRESS	31 WEST 52ND STREET	STREET ADDRESS	1251 Avenue of the Americas
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	New York, NY 10020
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOSITO, GREGORY D	NAME	Sposito, Gregory D.
STREET ADDRESS	31 WEST 52ND STREET	STREET ADDRESS	1251 Avenue of the Americas
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	New York, NY 10020
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, SANDRA L	NAME	West, Sandra L.
STREET ADDRESS	60 WALL STREET	STREET ADDRESS	60 Wall Street
CITY-ST-ZIP	NEW YORK, NY 10005	CITY-ST-ZIP	New York, NY 10005
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPHAM, STEVE	NAME	
STREET ADDRESS	60 WALL STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10005	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ALEXANDER B	NAME	
STREET ADDRESS	60 WALL STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10005	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, BRUCE P	NAME	
STREET ADDRESS	31 WEST 52ND STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10005	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra L. West* **1/16/04** **212 250-8174**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #