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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT #
 1. Corporation Name

K19693

CITIBANK COMMERCIAL PROPERTIES, INC.

Principal Place of Business **Mailing Address**
C/O Citibank Arizona **C/O Citibank, F.S.B.**
4041 N. Central Ave. **500 W. Madison, 8th Floor**
3rd Floor **Chicago, IL 60661**
Phoenix, AZ 85012

3. Date Incorporated or Qualified **3a. Date of Last Report**
3/30/1988 **4/97**

4. FEI Number **Applied For**
65-00046057 **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 has liability for intangible tax under s 199.032, Florida Statutes **Yes** **No**

2. Principal Place of Business **2a. Mailing Address**

21 **26**

22 Suite, Apt. #, etc. **27** Suite, Apt. #, etc.

23 City & State **28** City & State

24 Zip **25** Country **29** Zip **30** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **000002498980**
-04/24/98--01003--027

84 City **85** Zip Code
*****150.00** **FL**

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 or title if applicable **NOTE** Registered Agent's signature required when reinstating **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward J. Emery	12 NAME	Eric Rumble
STREET ADDRESS	4041 N. Central Ave., 3rd Floor	13 STREET ADDRESS	4041 N. Central Ave., #300
CITY-ST-ZIP	Phoenix, AZ 85012	14 CITY-ST-ZIP	Phoenix, AZ 85012
TITLE	Assistant Secretary <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas G. Teichgraeber	22 NAME	Holly Cady
STREET ADDRESS	500 W. Madison, 8th Floor	23 STREET ADDRESS	3300 N. Central Ave., 5th Floor
CITY-ST-ZIP	Chicago, IL 60661	24 CITY-ST-ZIP	Phoenix, AZ 85012
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	Glenn White
STREET ADDRESS		3.3 STREET ADDRESS	3300 N. Central Ave., 5th Floor
CITY-ST-ZIP		34 CITY-ST-ZIP	Phoenix, AZ 85012
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President & Asst. Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Mike Regan
STREET ADDRESS		4.3 STREET ADDRESS	500 W. Madison, 8th Floor
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Chicago, IL 60661
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Anita Jorion
STREET ADDRESS		5.3 STREET ADDRESS	4041 N. Central Ave., #300
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Phoenix, AZ 85012
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VP & Asst. Sec./Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Jo-Ann Barr Titley
STREET ADDRESS		6.3 STREET ADDRESS	8750 Doral Blvd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33178

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Mike Regan, VP & Asst. Sec. 4/14/89 312-627-3718**

CR2E034 (12/95)

PE
4-23