

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N92000000312 (0)
1. Corporation Name
CYPRESS POINT HOLDING CORP.



Principal Place of Business 100 EAST PRATT STREET, SUITE 2030 BALTIMORE MD 21202	Mailing Address 100 EAST PRATT STREET, SUITE 2030 BALTIMORE MD 21202-1009
--	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/16/1992	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3153068	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
B. 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
**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MORRILL, WILLIAM K JR.	
STREET ADDRESS	100 EAST PRATT STREET, SUITE 2030	
CITY - ST - ZIP	BALTIMORE MD 21202	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCGARRITY, TIMOTHY M	
STREET ADDRESS	100 EAST PRATT STREET, SUITE 2030	
CITY - ST - ZIP	BALTIMORE MD 21202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICELY, KAREN N	
STREET ADDRESS	30 N. 3RD ST. 5TH FLOOR	
CITY - ST - ZIP	HARRISBURG PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KALMAN, DAVID J	
STREET ADDRESS	30 N. 3RD ST. 5TH FLOOR	
CITY - ST - ZIP	HARRISBURG PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRACCIA, JOSEPH A	
STREET ADDRESS	30 N. 3RD ST. 5TH FLOOR	
CITY - ST - ZIP	HARRISBURG PA	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ST GERALD R. RONON
2.3 STREET ADDRESS	100 EAST PRATT STREET, SUITE 2030
2.4 CITY - ST - ZIP	BALTIMORE, MD 21202
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D PETER M. GILBERT
3.3 STREET ADDRESS	30 N. 3RD ST. 5TH FLOOR
3.4 CITY - ST - ZIP	HARRISBURG, PA
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** 5-1-97 410-341-0600

CFR2E037 (9/96)