


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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P39195 (3)					
1. Corporation Name <div style="text-align: center; font-weight: bold; font-size: 1.1em;">CP4 Real Estate Services Inc.</div>					
Principal Place of Business 3 WORLD FINANCIAL CENTER 29TH FLOOR NEW YORK, NY 10285			Mailing Address FIRST DATA INV. SERVICES GROUP LPA PO BOX 1527 BOSTON, MA 02104		
2. Principal Place of Business 21 State, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 6/10/1992	
22 City & State		27 City & State		3a. Date of Last Report 05/01/1996	
23 Zip		28 Zip		4. FEI Number 11-2718295	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <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			10. Name and Address of New Registered Agent		
			81 Name The Prentice Hall Corporation System, Inc		
			82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
			83		
			84 City Tallahassee FL 85 Zip Code 32301		
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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE David W. Nickelsen 4/24/97					
<small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 <input type="checkbox"/> DELETE NAME ZAKIN, KENNETH STREET ADDRESS 3 WORLD FINANCIAL CENTER - 29TH FLOOR CITY, ST, ZIP NEW YORK, NY 10285			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 <input type="checkbox"/> DELETE NAME CAULFIELD, WILLIAM STREET ADDRESS 3 WORLD FINANCIAL CENTER - 29th FLOOR CITY, ST, ZIP NEW YORK, NY 10285			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
3.1 <input type="checkbox"/> DELETE NAME MANSON, KAREN STREET ADDRESS 3 WORLD FINANCIAL CENTER - 29th FLOOR CITY, ST, ZIP NEW YORK, NY 10285			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 <input type="checkbox"/> DELETE NAME WALKER, NIGEL STREET ADDRESS 3 WORLD FINANCIAL CENTER - 29th FLOOR CITY, ST, ZIP NEW YORK, NY 10285			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 <input type="checkbox"/> DELETE NAME GRIESINGER, CYNTHIA STREET ADDRESS LPA, FIRST DATA INV. SERVICES GROUP CITY, ST, ZIP 53 STATE STREET, BOSTON, MA 02109			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 <input type="checkbox"/> DELETE NAME DUFFY, MALACHY STREET ADDRESS LPA, FIRST DATA, 53 STATE STREET CITY, ST, ZIP BOSTON, MA 02109			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
			<div style="text-align: right; font-size: 1.2em;">05/13/97</div>		
			<div style="text-align: right; font-size: 1.2em;">400002189754</div>		
			<div style="text-align: right; font-size: 1.2em;">-05/23/97--01058--011</div>		
			<div style="text-align: right; font-size: 1.2em;">***165.00</div>		
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: Cynthia Griesinger 4/23/97 (617) 673-1103					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (9/96)