

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

FILED

May 06 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 # **P39933** (7)  
1. Corporation Name  
**COMMERCIAL PROPERTIES FUNDING CORPORATION**



Principal Place of Business  
**ATTN: LEGAL OPERATIONS-CRE  
260 LONG RIDGE ROAD  
STAMFORD CT 06927**

Mailing Address  
**DEPT. 8109  
260 LONG RIDGE RD.  
STAMFORD CT 06927-1800**

3. Date Incorporated or Qualified  
**08/05/1992**

3a. Date of Last Report  
**04/14/1996**

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>06-1326463</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>C</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Asst Treas - Tax</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DETERDING, J.C.</b>		1.2 NAME <b>GARY J. SCHULMAN</b>	
STREET ADDRESS <b>260 LONG RIDGE ROAD</b>		1.3 STREET ADDRESS <b>260 Long Ridge Rd</b>	
CITY-ST-ZIP <b>STAMFORD CT</b>		1.4 CITY-ST-ZIP <b>STAMFORD CT 06927</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRAIZER, M.D.</b>		2.2 NAME	
STREET ADDRESS <b>260 LONG RIDGE ROAD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>STAMFORD CT</b>		2.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HENRY, D.B.</b>		3.2 NAME	
STREET ADDRESS <b>260 LONG RIDGE ROAD</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>STAMFORD CT</b>		3.4 CITY-ST-ZIP	
TITLE <b>VT</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AMBLE, J.C.</b>		4.2 NAME	
STREET ADDRESS <b>260 LONG RIDGE ROAD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>STAMFORD CT</b>		4.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LAXER, R.A.</b>		5.2 NAME	
STREET ADDRESS <b>209 WEST JACKSON</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>CHICAGO IL</b>		5.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARTINDALE, DAVID R.</b>		6.2 NAME	
STREET ADDRESS <b>260 LONG RIDGE ROAD</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>STAMFORD CT</b>		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Gary J. Schulman* **GARY J. SCHULMAN**

4-27-97

203-359-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)