

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

FILED
May 18 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 # **P39933** (7)
1. Corporation Name
COMMERCIAL PROPERTIES FUNDING CORPORATION

Principal Place of Business ATTN: LEGAL OPERATIONS-CRE 260 LONG RIDGE ROAD STAMFORD CT 06827	Mailing Address DEPT. 8109 260 LONG RIDGE RD. STAMFORD CT 06827-9621
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 06-1326463		Applied For 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	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	Asst Treas - Taxes
NAME	DETERDING, J.C.	1.2 NAME	GARY J. SCHULMAN
STREET ADDRESS	260 LONG RIDGE ROAD	1.3 STREET ADDRESS	260 LONG RIDGE ROAD
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	STAMFORD CT 06907
TITLE	P	2.1 TITLE	Vice President - Taxes
NAME	FRAIZER, M.D.	2.2 NAME	Jeffrey L Hyde
STREET ADDRESS	260 LONG RIDGE ROAD	2.3 STREET ADDRESS	260 LONG RIDGE ROAD
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	STAMFORD CT 06907
TITLE	V	3.1 TITLE	
NAME	HENRY, D.B.	3.2 NAME	
STREET ADDRESS	260 LONG RIDGE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	
NAME	AMBLE, J.C.	4.2 NAME	
STREET ADDRESS	260 LONG RIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	LAXER, R.A.	5.2 NAME	
STREET ADDRESS	209 WEST JACKSON	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	MARTINDALE, DAVID R.	6.2 NAME	
STREET ADDRESS	260 LONG RIDGE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (10/97)