


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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90016 038 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # P39933**

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 06927-9621



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/05/1992</b>	
21		26		4. FEI Number <b>06-1326463</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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

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

83

84 City

**FL**

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

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	C <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>John Amato</b>
STREET ADDRESS	<b>260 LONG RIDGE ROAD</b>	1.3 STREET ADDRESS	<b>260 Long Ridge Road</b>
CITY-ST-ZIP	<b>STAMFORD CT</b>	1.4 CITY-ST-ZIP	<b>Stamford CT 06927</b>
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	
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	V <input type="checkbox"/> DELETE	3.1 TITLE	
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	VT <input type="checkbox"/> DELETE	4.1 TITLE	
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	V <input type="checkbox"/> DELETE	5.1 TITLE	
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	V <input type="checkbox"/> DELETE	6.1 TITLE	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**203-357-4544**

CR2E034 (11/98)