

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P39933** *TM3*
 1. Entity Name
COMMERCIAL PROPERTIES FUNDING CORPORATION

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90245 022 ***150.00

Principal Place of Business Mailing Address
 ATTN: LEGAL OPERATIONS-CRE DEPT. 8109
 260 LONG RIDGE ROAD 260 LONG RIDGE RD.
 STAMFORD CT 06927 STAMFORD CT 06927-1600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **06-1326463** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> Delete
NAME	DETERDING, J.C.
STREET ADDRESS	260 LONG RIDGE ROAD
CITY-ST-ZIP	STAMFORD CT
TITLE	P <input type="checkbox"/> Delete
NAME	FRAIZER, M.D.
STREET ADDRESS	260 LONG RIDGE ROAD
CITY-ST-ZIP	STAMFORD CT
TITLE	V <input type="checkbox"/> Delete
NAME	HENRY, D.B.
STREET ADDRESS	260 LONG RIDGE ROAD
CITY-ST-ZIP	STAMFORD CT
TITLE	VT <input type="checkbox"/> Delete
NAME	AMBLE, J.C.
STREET ADDRESS	260 LONG RIDGE ROAD
CITY-ST-ZIP	STAMFORD CT
TITLE	V <input type="checkbox"/> Delete
NAME	LAXER, R.A.
STREET ADDRESS	209 WEST JACKSON
CITY-ST-ZIP	CHICAGO IL
TITLE	V <input type="checkbox"/> Delete
NAME	MARTINDALE, DAVID R.
STREET ADDRESS	260 LONG RIDGE ROAD
CITY-ST-ZIP	STAMFORD CT

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Asst Treas - Taxer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Amato
STREET ADDRESS	1777 Long Ridge Rd
CITY-ST-ZIP	Stamford CT 06927
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **JOHN AMATO** *57-00* **203-357-4544**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)