

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39933

T M 3

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1326463		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	---	--	------

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DETERDING, J.C. 260 LONG RIDGE ROAD STAMFORD CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Treas - Taxer John Amato 260 Long Ridge Rd Stamford CT 06927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAIZER, M.D. 260 LONG RIDGE ROAD STAMFORD CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENRY, D.B. 260 LONG RIDGE ROAD STAMFORD CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT AMBLE, J.C. 260 LONG RIDGE ROAD STAMFORD CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAXER, R.A. 209 WEST JACKSON CHICAGO IL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINDALE, DAVID R. 260 LONG RIDGE ROAD STAMFORD CT	TITLE 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:	JOHN AMATO	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/99)