THIRD AMENDMENT TO THE CRIIMI MAE MANAGEMENT, INC. RETIREMENT PLAN

Criimi Mae Management, Inc.(the "Employer") having heretofore adopted the Criimi Mae Management, Inc. Retirement Plan, a prototype plan document consisting of the Plan Agreement #001 and the Putnam Basic Plan Document #07 (the "Plan") effective as of September 1, 1997, pursuant to the power reserved to the Employer in Section 17.1 of the Plan, hereby amends the Plan Agreement as set forth below.

1. Subsection B.(2) of Section 4., of the Plan Agreement is hereby amended effective January, 1, 2001, by striking

	said subsecti	on in it	s entire	ty and	by sub	stituting	g the fol	llowing	new pa	aragrap	h in lieu thereof:
	"(2)	Plan	Qualified Participant. In order to receive an allocation of Employer Matching Contributions for a Plan Year, an Employee must be a Qualified Participant for that purpose. Select below either (a) alone, or any combination of (b), (c) and (d).								
I	,		(a)			alified P ear, an					Employer Matching Contributions (ii)):
					(i)	than 50		s of Se	rvice in		of the Plan Year, complete more an Year, or retire, die or become
					(ii)		be emplours of S				of the Plan Year or complete than ear.
						you che of (b),			ou did r	not che	ck (a), check (b), (c) or (d), or any
					-	lified Pear, an	-	_		eceive 1	Employer Matching Contributions
				\boxtimes	(b)		edited v lan Yea		choose	1, 501	or 1,000) Hours of Service in
					(c)	Be an	Emplo	yee on	the last	t day of	the Plan Year.
					(d)	Retire	e, die or	becom	ne disab	oled dur	ing the Plan Year."
2.											ctive January, 1, 2001, by striking in lieu thereof:
	"(3)	Vesti	ng Sche	dules:							
			(a)	100%	vestin	g imme	diately	upon p	articipa	tion in	the Plan.
		\boxtimes	(b)	Five-	Year G	raded S	chedule	e:			
				Veste	d Perce	entage	20%	40%	60%	80%	100%
				Years	of Ser	vice	1	2	3	4	5

		(c)	Seven-Year Graded	Schedu	le:				
			Vested Percentage	20%	40%	60%	80%	100%	
			Years of Service	3	4	5	6	7	
		(d)	Six-Year Graded Sch	hedule:					
			Vested Percentage	20%	40%	60%	80%	100%	
			Years of Service	2	3	4	5	6	
		(e)	Three-Year Cliff Schedule:						
			Vested Percentage	0%	100%				
			Years of Service	0-2	3				
		(f)	Five-Year Cliff Scho	edule:					
			Vested Percentage	0%	100%				
			Years of Service	0-4	5				
		(g)	Other Schedule (mu Five-Year Cliff Sch	st be at edule):	least as	s favora	ible as S	Seven-Year Graded Schedule or	
			(i) Vested Percentag	ge	_% _	%		%%%	
			(ii) Years of Service	·				,, ,	
			an provisions remain i						
IN WITNESS, Vand behalf and i	WHER	EOF, th orate se	e Employer has cause al to be affixed as of t	d the T the date	hird An	nendme below.	ent to th	e Plan to be duly executed in its name	
ATTEST:									
Criimi Mae N	A anag	ement,	Inc.		Put	tnam I L	Fiducia	ry Trust Company	
By: A(0)(ی				Ву:	By: 110, 4/1/			
Print Name:	H. U	<u>ه. ب</u>	oilloughby		Prir	Print Name: (INA A) CAMPBELL			
Title: Pre					Titl	.e: 🔿	K'	ampliance & Consulting	
Date:	121	<u>aol</u>	ÖÖ		Dat	:e: 1/7	22/61		

SECOND AMENDMENT TO THE CRIIMI MAE MANAGEMENT, INC. RETIREMENT PLAN

Criimi Mae Management, Inc. (the "Employer") having heretofore adopted the Criimi Mae Management, Inc. Retirement Plan, a prototype plan document consisting of the Plan Agreement #001 and the Putnam Basic Plan Document #07 (the "Plan") effective as of September 1, 1997, pursuant to the power reserved to the Employer in Section 17.1 of the Plan, hereby amends the Plan Agreement as set forth below.

1.	Subsection striking sai	C.(8) o	f Section	3. of the Pits entirety	Plan and	Agreement is hereby amended effective April 1, 1999, by by substituting the following new paragraph in lieu thereof
	"(8)	Entry l	Dates. E	Each employ pecified abo	yee ove	in an eligible class who completes the age and service will begin to participate in the Plan on (check one):
			(a)	The first of	day	of the month in which he fulfills the requirements.
		\boxtimes	(b)	The first of requirement	of the	ne following dates occurring after he fulfills the (check one):
				(i	()	The first day of the month following the date he fulfills the requirements (monthly).
				⊠ (i	i)	The first day of the first, fourth, seventh and tenth months in a Plan Year (quarterly).
				(i	iii)	The first day of the first month and the seventh month in a Plan Year (semiannually).
			(c)	Other:after which	ch h	(May be no later than (i) the first day of the Plan Year e fulfills the requirements, and (ii) the date six months after hich he fulfills the requirements, which ever occurs first.)."
2.	Subsection striking sa	A.(3) o id subse	of Section ction in	n 4. of the I its entirety	Plan and	Agreement is hereby amended effective April 1, 1999, by by substituting the following new paragraph in lieu thereof
	"(3)	A Part Deferr	icipant r als, as o	nay begin t f the follow	o m	ake Elective Deferrals, or change the amount of his Elective dates (check one):
			(a)	First busi	ines	s day of each month (monthly).
		\boxtimes	(b)			s day of the first, fourth, seventh and tenth months ear (quarterly).
			(c)	First busi		s day of the first and seventh months of the Plan Year y).
			(d)	First busi	ines	s day of the Plan Year only (annually).
			(e)	Other:		"

In all other respects, the Plan provisions remain in full for							
IN WITNESS, WHEREOF, the Employer has caused the Second Amendment to the Plan to be duly executed in its name and behalf and its corporate seal to be affixed thisday of							
ATTEST:							
Criimi Mae Management, Inc.	Putnam Fiduciary Trust Company						
By: Accord	By: / ////						
Title: President	Title: SUP Compliance & Consultine						
Date: 12/1/99	Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
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FIRST AMENDMENT TO THE CRIIMI MAE MANAGEMENT, INC. RETIREMENT PLAN

Criimi Mae Management, Inc. (the "Employer") having heretofore adopted the Criimi Mae Management, Inc. Retirement Plan and Trust, a prototype plan document consisting of the Plan Agreement #001 and the Putnam Basic Plan Document #07 (the "Plan") effective as of September 1, 1997, pursuant to the power reserved to the Employer in Section 17.1 of the Plan, hereby amends the Plan Agreement as set forth below.

	ion A.(4) of section 3. is amended in its entirety effective as of September 1, 1997, to read as
follows:	u u t
3	Eligibility for Plan Participation (Plan Section 3.1). Employees will be eligible to participate

<u>Elig</u>	ibility for	r Plan Pa	omplete the requirements you select in A, B, C and D below.
in the	Plan who	en they co	omplete the requirements years.
A.	<u>Classes</u>	of Eligib	ole Employees. The Plan will cover all employees who have met the age irements with the following exclusions:
	and ser	1100 104	
		(1)	No exclusions. All job classifications will be eligible.
	\boxtimes	(2)	The Plan will exclude employees in a unit of Employees covered by a collective bargaining agreement with respect to which retirement benefits were the subject of good faith bargaining, with the exception of the following collective bargaining units, which will be included:
			
	\boxtimes	(3)	The Plan will exclude employees who are non-resident aliens without U.S. source income.
		(4)	Employees of the following Affiliated Employers (specify): CRIIMI MAE, Inc. CRI Liquidating REIT, Inc. CRIIMI MAE Financial Corp. CRIIMI MAE Financial III CRIIMI MAE Financial III
		(5)	Leased Employees
		(6)	Employees in the following other classes (specify):

2. Subsefollows:		on A.	(1).(d) of s	section 7.	is amend	led in its entirety effective as of September 1, 1997, to read as
	7.	Con	pensation	ı (Plan So	ection 2.8	<u>3).</u>
		A.	Amount			
			(1)	the purp Employ	oses of der Matchi	s and Employer Matching Contributions. Compensation for etermining the amount and allocation of Elective Deferrals and ing Contributions will be determined as follows (choose either and/or (d) as applicable).
				\boxtimes	(a)	Compensation will include Form W-2 earnings as defined in Section 2.8 of the Plan.
					(b)	Compensation will include all compensation included in the definition of Code Section 415 Compensation in Plan Section 6.5(b) of the Plan.
					(c)	In addition to the amount provided in either (a) or (b) above, Compensation will also include any amounts withheld from the employee under a 401(k) plan, cafeteria plan, SARSEP, tax sheltered 403(b) arrangement, or Code Section 457 deferred compensation plan, and contributions described in Code Section 414(h)(2) that are picked up by a governmental employer.
				\boxtimes	(d)	Compensation will also exclude the following amount (choose each that applies):
						(i) overtime pay.

(ii) bonuses.

(iii) commissions.

Reimbursement.

(iv) other pay (describe): Auto Allowance, Stock Compensation, Referral Fees, Air Fare Bonus, BWI Bonus, Group Term Life insurance benefit, Long Term Disability benefit, Moving Expenses and Tuition

(v) compensation in excess of \$ _____

In all other respects, the Plan provisions remain in full force and effect.

IN WITNESS, WHEREOF, the Employer has caused the First Amendment to the Plan to be duly executed in its name and behalf and its corporate seal to be affixed this day of, 1997.					
ATTEST:					
Criimi Mae Management, Inc. Retirement Plan By: Title: Sc. Vice Pres. / CFO Date: September 1, 1997 Stet	Putnam Fiduciary Trust Company By: Chutophe Madellelle Title: Vice Pregident Date: 6/12/99, 1997				

PUTNAM FLEXIBLE 401(K) AND PROFIT SHARING PLAN

PLAN AGREEMENT #001

This is the Plan Agreement for a Putnam nonstandardized prototype 401(k) plan with optional profit sharing plan provisions. Please consult a tax or legal advisor and review the entire form before you sign it. If you fail to fill out this Putnam Plan Agreement properly, the Plan may be disqualified. By executing this Plan Agreement, the Employer establishes a 401(k) and profit sharing plan and trust upon the terms and conditions of Putnam Basic Plan Document #07, as supplemented and modified by the provisions elected by the Employer in this Plan Agreement. This Plan Agreement must be accepted by Putnam in order for the Employer to receive future amendments to the Putnam Flexible 401(k) and Profit Sharing Plan.

1.	Employer Information. The Employer adopting this Plan is:							
	A.	Employer Name:	Criimi Mae Management, Inc.					
	В.	Employer Identification N	<u>fumber</u> : <u>52-1917789</u>					
	C .	Employer Address: 1	1200 Rockville Pike					
		<u>F</u>	Rockville, MD 20852					
		-						
	D.	SIC Code:	<u> </u>					
	E.	Employer Contact:	Name: Betty Rogers					
		. 1	Title: Assistant Controller Phone #: 301-231-0275					
	F.	Fiscal Year: 1/1 throu (month/day)	igh 12/31 (month/day)					
	G.	Type of Entity (check one	<u>):</u>					
			Partnership Subchapter S Corporation					
		Sole proprietorsh	ip Other					
	H.	Plan Name: Criimi Mae N	Management, Inc. Retirement Plan					
	I.	Plan Number: 001 (com	plete)					

2.	Plan In	formation	on.							
	A.	Plan Y	Plan Year. Check one:							
		\boxtimes	(1)	The Calendar Year						
			(2)	The Plan Year will be the same as the Fiscal Year of the Employer shown in 1.F. above. If the Fiscal Year of the Employer changes, the Plan Year will change accordingly.						
			(3)	The Plan Year will be the period of 12 months beginning on the first day of (month) and ending on the last day of (month).						
			(4)	A short Plan Year commencing on (month/day/year) and ending on (month/day/year) and immediately thereafter the 12-consecutive month period commencing on (month/day).						
		The Plan Year will also be your Plan's Limitation Year for purposes of the contribution limitation rules in Article 6 of the Plan.								
	В.	Effective Date of Adoption of Plan.								
		(1)	Are yo	u adopting this Plan to replace an existing plan?						
			\boxtimes	(a) Yes (b) No						
		(2)	If you	answered Yes in 2.B(1) above, the Effective Date of your adoption of this Replacement Plan will be the first day of the current Plan Year unless you elect a later date in (2)(b) below. Please complete the following:						
				(a) 7/1/95 Original Effective Date of the Plan you are Replacing						
				(b) 9/1/97 Effective Date of this Replacement Plan						
		(3)	<u>If you</u>	answered No in 2B(1) above, the Effective Date of your adoption of this Plan will be the day you select below (not before the first day of the current Plan Year, and not before the day your Business began):						
				(a) The Effective Date is: month/day/year						

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Employees in the following other classes (specify):

CRIIMI MAE Financial III

CRIIMI MAE Financial II

CRIIMI MAE Services, Inc.

Leased Employees

(5)

(6)

B.	Age R	equireme	ent (check and	complete (1) or (2)):
		(1)	No minimur	n age required for participation
	\boxtimes	(2)	Employees	must reach age 21 (not over 21) to participate
C .	Servic	e Requir	ements.	
	(1)	Electiv	e Deferrals.	To become eligible, an employee must complete (choose one):
		\boxtimes	(a)	No minimum service required.
			(b)	One 6-month Eligibility Period
			(c)	Onemonth Eligibility Period (must be less than 12)
			(d)	One 12-month Eligibility Period
	(2)	Emplo (choos		Contributions. To become eligible, an employee must complete
	C.C.	X	(a)	No minimum service required.
			(b)	One 6-month Eligibility Period
			(c)	Onemonth Eligibility Period (must be less than 12)
	70		(d)	One 12-month Eligibility Period
			(e)	Two 12-month Eligibility Periods (may only be chosen if you adopt the vesting schedule under item 9.A(3)(a) to provide 100% full and immediate vesting of Employer Matching Contributions).
			(f)	Not applicable. The Employer will not make Employer Matching Contributions.
	(3)	Profit (choos	Sharing Cont se one):	ributions. To become eligible, an employee must complete
	(J)	X	(a)	No minimum service required.
			(b)	One 6-month Eligibility Period
			(c)	Onemonth Eligibility Period (must be less than 12)
			(d)	One 12-month Eligibility Period

		(e)	Two 12-month Eligibility Periods (may only be chosen if you adopt the vesting schedule under item 9.A(3)(a) to provide for 100% full and immediate vesting of Profit Sharing Contributions)
		(f)	Not applicable. The Employer will not make Profit Sharing Contributions.
(4)	the Elig acquire that bu	gibility Periods and business wil siness, list the	ired a business on or before the Effective Date of this Plan and a selected in (1), (2) and (3) for former employees of that I include the former employees' periods of employment with business below. Any acquired business which had a plan now maintains must be listed below.
(5)	for an o	Employer acqui employee of the inning on (che	ires a business after the Effective Date, the Eligibility Periods e acquired business will be the periods selected in (1), (2) and ck (a) or (b)):
1		(a)	the date the employee began work with the acquired business.
OP .	Ø	(b)	the date of the acquisition (i.e., the date the employee begins work for the Employer).
(6)	Hours	of Service for	Eligibility Periods.
	(a)	6-Month Elig Period, an em completes at	pibility Period. To receive credit for a 6-month Eligibility aployee must complete 6 months of service, during which he least:
			(i) 500 Hours of Service
			(ii) Hours of Service (under 500)
	(b)	12-Month El Period, an en completes at	igibility Period. To receive credit for a 12-month Eligibility apployee must complete 12 months of service, during which he least:
كعل	car (\boxtimes	(i) 1,000 Hours of Service
	01		(ii) Hours of Service (under 1,000)

	(c)	Other I in 3.C(during	1)(c),	3.C(2)(c)	To receive credit for the Eligibility Period selected and/or 3.C(3)(c) above, an employee must complete
	<i>ر</i> نون				_ Hours of Service er 1000)
(7)	Methowill be	d of Credited	diting l l to an	Hours of S employee	Service For Eligibility and Vesting. Hours of Service by the following method (check one):
	\boxtimes	(a)		Actual h	ours for which an employee is paid
		(b)		period w	oloyee who has one actual paid hour in the following ill be credited with the number of Hours of Service (check one):
				(i)	Day (10 Hours of Service)
				(ii)	Week (45 Hours of Service)
				(iii)	Semi-monthly payroll period (95 Hours of Service)
				(iv)	Month (190 Hours of Service)
(8)	Entry l	<u>Dates</u> . E	Each en	nployee in d above w	an eligible class who completes the age and service ill begin to participate in the Plan on (check one):
		(a)		The first requirem	day of the month in which he fulfills the ents.
	\boxtimes	(b)			of the following dates occurring after he fulfills the ents (check one):
				(i)	The first day of the month following the date he fulfills the requirements (monthly).
				(ii)	The first day of the first, fourth, seventh and tenth months in a Plan Year (quarterly).
			\boxtimes	(iii)	The first day of the first month and the seventh month in a Plan Year (semiannually).
		(c)	mon	after whi	(May be no later than (i) the first day of the Plan ch he fulfills the requirements, and (ii) the date six he date on which he fulfills the requirements, which st.)

I). (F me	or New Pla eet the age a	ns Only nd servi	y) Will all eligible Employees as of the Effective Date be required to rice requirements for participation specified in B and C above?
] (a)	Yes	
] (b)		Eligible Employees will be eligible to become Participants as of the ctive Date even if they have not satisfied (check one or both):
				(i) the age requirement.
				(ii) the service requirement.
4. <u>(</u>	Contribution	ons.		
A	A. <u>El</u> co	ective Defer	rals (Pla under Se	lan Section 5.2). Your Plan will allow employees to elect pre-tax ection 401(k) of the Code. You must complete this part A.
	(1)	,	ticipant	t may make Elective Deferrals for each year in an amount not to exceed
		\boxtimes	(a)	15% of his Earnings
			(b)	% of his Earnings not to exceed \$ (specify a dollar amount)
			(c)	\$ (specify a dollar amount)
	(2)) Will a Electi	Particij ve Defei	ipant be required to make a minimum Elective Deferral in order to make errals under the Plan? (check one and complete as applicable)
		\boxtimes	(a)	No.
			(b)	Yes. The minimum Elective Deferral will be% of the Participant's Earnings.
	(3)			t may begin to make Elective Deferrals, or change the amount of his errals, as of the following dates (check one):
			(a)	First business day of each month (monthly).
			(b)	First business day of the first, fourth, seventh and tenth months of the Plan Year (quarterly).
			(c)	First business day of the first and seventh months of the Plan Year (semiannually).
		\boxtimes	(d)	First business day of the Plan Year only (annually).
1CRIIMI.D			(e)	Other: participant on guy 1 show be premised to make elective deferrate -7- on 7/1 of the year he or she becomes eligible to participate in the plan.
				in the plan.

	(4)	if bon	uses hav	e other		n exclude		e Elective Deferrals of bonuses, even Compensation for the purpose of
		\boxtimes	(a)	Yes			(b)	No
В.	Emplo make	oyer Mar Employe	tching C er Match	ontribut ning Cor	<u>ions</u> . (P ntribution	lan Secti ns under	on 5.8). the Plan	Complete this part B only if you will
	(1)	Emplo						to each Qualified Participant's ching Contribution on the basis set
			(a)	this o	ption in otion to 1	addition	to option	outions. (The Employer may select in (b) if the Employer wishes to have by matching contributions in addition is.)
			(b)	Fixed	matchir	ng contrib	outions.	
					(i)	based	on Elec	tive Deferrals:
						(A)		% of Elective Deferrals
						(B)	% of]	% of Elective Deferrals up to Earnings.
						(C)	% of I Defer and up percer	% of Elective Deferrals up to Earnings and% of Elective rals over that percentage of Earnings p to% of Earnings. (The third ntage number must be less than the ercentage number.)
						(D)		% of Elective Deferrals up to \$ Elective Deferrals.
						(E)	Electi and u (The	% of Elective Deferrals up to \$ Elective Deferrals and% of we Deferrals over that dollar amount p to \$ of Elective Deferrals. Last percentage must be less than the percentage).

			(ii)	based	on after-tax Participant Contributions:
				(A)	% of Participant Contributions
				(B)	% of Participant Contributions up to% of Earnings.
				(C)	% of Participant Contributions up to% of Earnings and% of Participant Contributions over that percentage of Earnings and up to% of Participant Contributions. (The third percentage must be less than the first percentage)
				(D)	% of Participant Contributions up to of Participant Contributions.
				(E)	% of Participant Contributions up to \$ of Participant Contributions and% of Participant Contributions over that dollar amount and up to \$ of Participant Contributions. (The last percentage must be less than the first percentage).
(2)	Contributions	for a Pla	an Year,	an Empl	we an allocation of Employer Matching oyee must be a Qualified Participant for that or any combination of (b), (c) and (d).
	☐ (a)				icipant eligible to receive Employer Matching in Year, an Employee must (check (i) or (ii)):
			(i)	Year, the Pla	be employed on the last day of the Plan complete more than 500 Hours of Service in an Year, or retire, die or become disabled in an Year.
			(ii)		be employed on the last day of the Plan Year nplete more than 500 Hours of Service in the Year.
	Stop here if y combination				i not check (a), check (b), (c) or (d), or any

				ied Partion, an Emp			receive	Employer Matching Contributions				
		\boxtimes	(b)	Be crea Plan Y		h <u>l</u> (cho	ose 1,)5	01 or 1,000) Hours of Service in the				
		\boxtimes	(c)	Be an l	Employe	e on the	last day	of the Plan Year.				
		\boxtimes	(d)	Retire,	die or b	ecome d	isabled	during the Plan Year.				
	(3)			yer have ributions				l or any portion of its Employer				
		\boxtimes	(a)	Yes			(b)	No				
C.	Profit S	Sharing	Contribu	itions. (Plan Sec	tions 4.	l and 4.	2)				
	(1)	Profit 1	Limitation and acc	on. Will umulate	Profit S d profits	haring C of your	Contribu Busines	tions to the Plan be limited to the ss? Check one:				
			(a)	Yes		\boxtimes	(b)	No				
	(2)	Amour	nt. The l	Employe	r will co	ntribute	to the P	lan for each Plan Year (check one):				
		\boxtimes	(a)	An amo	ount cho	sen by the	he Empl	oyer from year to year				
			(b)	Year Y	% of the	Earning	s of all	Qualified Participants for the Plan				
			(c)			h Qualif iod, plar		icipant per (enter time period,				
	(3)	Allocations to Participants										
		(a)	(a) <u>Allocation to Participants</u> . Profit Sharing Contributions will be allocated:									
				(i)	Pro rat	a (perce	ntage ba	ased on compensation)				
				(ii)	Unifor	m Dolla	r amoun	t				
			\boxtimes	(iii)	Integra below)		n Social	Security (complete (b) and (c)				
		(b)	4.C(3)	(a) to int butions v	egrate y	our Plan	with So	plete only if you have elected in ocial Security.) Profit Sharing ified Participants as you check				

	N		(i)	the 4.2	ofit Sharing Contributions will be allocated according to a Top-Heavy Integration Formula in Plan Section P(c)(1) in every Plan Year, whether or not the Plan is top-avy.
(A.	×	(ii)	the 4.2 In a acc	ofit Sharing Contributions will be allocated according to Top-Heavy Integration Formula in Plan Section (c)(1) only in Plan Years in which the Plan is top-heavy. all other Plan Years, contributions will be allocated ording to the Non-Top-Heavy Integration Formula in Section 4.2(c)(2).
	(c)	integ	gration L grate your ck one):	evel. ((r Plan v	Complete only if you have elected in 4.C(3)(a) to with Social Security.) The Integration Level will be
		\boxtimes	(i)	The the 1	Social Security Wage Base in effect at the beginning of Plan Year.
			(ii)	Base	% (not more than 100%) of the Social Security Wage in effect at the beginning of the Plan Year.
			(iii)	\$	(not more than the Social Security Wage Base).
				Note to re	The Social Security Wage Base is indexed annually flect increases in the cost of living.
(4)	Contri	butions	for a Pla	n Year,	er to receive an allocation of Profit Sharing, an Employee must be a Qualified Participant for this a) alone, or any combination of (b), (c) and (d).
		(a)	To be a Profit s (check	Sharing	fied Participant eligible to receive an allocation of Contributions for a Plan Year, an Employee must
				(i)	Either be employed on the last day of the Plan Year, complete more than 500 Hours of Service in the Plan Year, or retire, die or become disabled in the Plan Year.
				(ii)	Either be employed on the last day of the Plan Year or complete more than 500 Hours of Service in the Plan Year.
	Stop he	te if vo	ı checked	(₂)	from did not check (a) shook (b) (a) as (d) as an

Stop here if you checked (a). If you did not check (a), check (b), (c) or (d), or any combination of (b), (c) and (d).

		To be a	To be a Qualified Participant eligible to receive an allocation of Profit Sharing Contributions for a Plan Year, an Employee must:									
		\boxtimes	(b)	Be cred Plan Ye		h <u>1</u> (cho	ose 1,50	01 or 1,000) Hours of Service in the				
		\boxtimes	(c)	Be an E	Employe	e on the	last day	of the Plan Year.				
		\boxtimes	(d)	Retire,	die or b	ecome d	isabled o	during the Plan Year				
D.	<u>Partici</u> after-ta	pant Cor ax contri	ntribution butions?	ns (Plan	Section	<u>4.6</u>). W	ïll your	Plan allow Participants to make				
			(1)	Yes		\boxtimes	(2)	No				
E.	Qualifi Qualifi (1)	ied Matc	hing Cor	ntributio	ns.			Skip this part E if you will not make with respect to (check one):				
	co	×	(a)	Elective 4.B(2))		als made	e by all	Qualified Participants (as defined in				
			(b)	Elective in 4.B(2	e Deferr 2)) who	als made are not	e only by Highly (y Qualified Participants (as defined Compensated Participants				
	(2)	The an will be		Qualifie	d Match	ning Con	tribution	ns made with respect to a Participant				
	(*)	P	(a)	discreti	ionary							
	J		(b)	fixed (check an	nd compl	ete (i), (ii) or (iii))				
					(i)		% of Ele	ective Deferrals				
					(ii)		% of Ele of Earni	ective Deferrals that do not exceed ings				
					(iii)	·	% of Ele	ective Deferrals that do not exceed \$				

F.		ed Nonelective Contributions (Plan Section 2.62): Skip this part F if you will not Qualified Nonelective Contributions.						
	(1)			elective (c) or (d)		tions will be made on behalf of (check either (a) or		
	ch	∇	(a)	All Par	rticipant	s		
			(b)	Only P	articipa	nts who are not Highly Compensated Employees		
					ne Plan Y ure made	Year for which the Qualified Nonelective		
	Cr	/¤	(c)	Are Qu	ıalified I	Participants (as defined in 4.C(4))		
			(d)	Made l	Elective	Deferrals		
	(2)	The an one):	nount of	Qualifie	d Nonele	ective Contributions for a Plan Year will be (check		
			(a)			ver 15%) of the Earnings of Participants on whose d Nonelective Contributions are made		
	Cr	×	(b)	shared	in propo	ermined by the Employer from year to year, to be ortion to their Earnings by Participants on whose d Nonelective Contributions are made		
G.	Forfeit	ures						
	(1)	Emplo Contril	yer Mate outions v	thing Co vill be us	ntributionsed as fo	ons. Forfeitures of Employer Matching llows (check and complete (a) or (b)):		
		\boxtimes	(a)			ice the following contributions required of the ck (i) and/or (ii)):		
				\boxtimes	(i)	Employer Matching Contributions		
					(ii)	Profit Sharing Contributions		
			(b)	Reallo	cated as	follows (check (i) or (ii)):		
					(i) (ii)	As additional Employer Matching Contributions As additional Profit Sharing Contributions		

		(2)		Profit Sharing Contributions. Fortestures of Profit Sharing Contributions will be used as follows (check (a) or (b)):								
				(a)			ce the fo		contributions required of the			
						(i)	Profit S	haring (Contributions			
						(ii)	Employ	er Matc	hing Contributions			
			\boxtimes	(b)	Realloc	cated as a	additiona	l Profit	Sharing Contributions			
5.	Top-Heavy Minimum Contributions (Plan Section 14.3). Skip paragraphs A and B below if you do not maintain any other qualified plan in addition to this Plan.								ragraphs A and B below if you do			
	A .	(or bene	efit) for	Non-Key	y employ	ees parti	op-Heavicipating	both in	op-Heavy minimum contribution this Plan and another qualified plan ne):			
			(1)	This Pl	an			(2)	The other qualified plan			
	В.	defined elect to	in Plan provide	Section an incre	14.2(c)) ased mir	for the c	ombined	plans is or benef	Plan, and the Top-Heavy Ratio (as between 60% and 90%, you may fit pursuant to Plan Section 14.4.			
		The Employer will provide an increased (specify contribution or benefit) in its (specify defined contribution or defined benefit) plan as permitted under Plan Section 14.4.										
6.	Other Plans. You must complete this section if you maintain or ever maintained another qualified plan in which any Participant in this Plan is (or was) a participant or could become a participant. The Plan and your other plan(s) combined will meet the contribution limitation rules in Article 6 of the Plan as you specify below:											
	A .	If a Par maintai	ticipant ned by y	in the Pl our Bus	an is coviness, of	vered und her than	der anoth a master	er quali or prote	fied defined contribution plan otype plan (check one):			
			(1)			of Section totype pl		the Plan	will apply as if the other plan were			
			(2)	amount		ll proper			s to the maximum permissible cess amounts, in the manner you			

	B.	mainta	If a Participant in the Plan is or has ever been a participant in a defined benefit plan maintained by your Business, the plans will meet the limits of Article 6 in the manner you describe below:									
		mortali	ty table	to be use	ed in esta	ablishing	defined benefit plan, state below the interest rate and the present value of any benefit under the defined the top-heavy ratio:					
				Interest	t rate: _	%						
				Mortal	ity Table	e:						
7.	Compe	nsation (Plan Se	ction 2.8	<u>).</u>							
	A .	Amoun	<u>t</u> .									
	(1) Elective Deferrals and Employer Matching Contributions. Compensation for the purposes of determining the amount and allocation of Elective Deferrals and Employer Matching Contributions will be determined as follows (choose either (b), and (c) and/or (d) as applicable).											
			\boxtimes	(a)	Compensation will include Form W-2 earnings as defined in Sec 2.8 of the Plan.							
				(b)	Compe definition of the I	on of Co	vill include all compensation included in the de Section 415 Compensation in Plan Section 6.5(b)					
				(c)	Compe employ shelters comper	the amount provided in either (a) or (b) above, will also include any amounts withheld from the a 401(k) plan, cafeteria plan, SARSEP, tax arrangement, or Code Section 457 deferred lan, and contributions described in Code Section are picked up by a governmental employer.						
				(d)	Compe that ap		vill also exclude the following amount (choose each					
						(i)	overtime pay.					
						(ii)	bonuses.					
						(iii)	commissions.					
						(iv)	other pay (describe):					

(2)	amoui	nt and al	llocation	of Profit	compensation in excess of \$ Compensation for the purposes of determining the the Sharing Contributions shall be determined as follows and/or (d), as applicable).					
	\boxtimes	(a)		Compensation will include Form W-2 earnings as defined in Section 2.8 of the Plan.						
		(b)	definit	Compensation will include all compensation included in the definition of Code Section 415 Compensation in Section 6.5(b) of the Plan.						
		(c)	compe emplo shelter compe	In addition to the amount provided in either (a) or (b) above, compensation will also include any amounts withheld from the employee under a 401(k) plan, cafeteria plan, SARSEP, tax sheltered 403(b) arrangement, or Code Section 457 deferred compensation plan, and contributions described in Code Section 414(h)(2) that are picked up by a governmental employer.						
		(d)	-	ensation pplies):	will also exclude the following amounts (choose each					
				(i)	overtime pay					
				(ii)	bonuses					
				(iii)	commissions					
				(iv)	other pay describe:					
				(v)	compensation in excess of \$					
Note: No exclusion under (d) may be selected if Profit Sharing Contributions will be integrated with Social Security under 4.C(3)(a) addition, no exclusion under (d) will apply for purposes of determining top-heavy minimum contribution if the Plan is top-heavy.										
<u>Meası</u> Emplo	uring Per byee's in	riod. Co itial year	ompensat r of parti	tion will cipation	be based on the Plan Year. However, for an in the Plan, Compensation will be recognized as of:					
\boxtimes	(1) th	ne first d	ay of the	Plan Ye	zar.					
	(2) th) the date the Participant enters the Plan.								

B.

8. <u>Distributions and Withdrawals.</u>
A. <u>Retirement Distributions.</u>
(1) <u>Normal Retirement Age (Plan Section 7.1).</u> Normal retirement age will be the later of 65 (not over age 65) or _____ (not more than 5) years of participation in the Plan.
(2) <u>Early Retirement (Plan Section 7.1).</u> Select one:

(a) No early retirement will be permitted.
 (b) Early retirement will be permitted at age _____.
 (c) Early retirement will be permitted at age _____ with at least Years of Service.

(3) Annuities (Plan Section 9.3). Will your Plan permit distributions in the form of a life annuity? You must check Yes if this Plan replaces or serves as a transferee plan for an existing Plan that permits distributions in a life annuity form.

(a) Yes (b) No

B. Hardship Distributions (Plan Section 12.2). Will your Plan permit hardship distributions?

(1) No

Yes. Indicate below from which Accounts hardship withdrawals will be permitted (check all that apply):

(a) Elective Deferral Account

(b) Rollover Account

(c) Employer Matching Account

(d) Employer Contribution Account (i.e. Profit Sharing Contributions)

C. Withdrawals after Age 59½ (Plan Section 12.3). Will your Plan permit employees over age 59½ to withdraw amounts upon request? You must check Yes if this Plan replaces an existing Plan that permits withdrawals after age 59½.

 \boxtimes (1) Yes \square (2) No

D.	Section portion Accourage Participital in the with the wind section of the sectio	n 12.4). n of their ints (i.e., ipant for ted to the	Will your Plan permit employees to withdraw amounts from the vested Employer Matching Contribution Accounts and Employer Contribution Profit Sharing Contributions) if either (i) the Participant has been a at least five years, or (ii) the amount withdrawn from each of these Accounts amounts that were credited to that Account prior to the date two years before? You must check yes if this Plan replaces a Plan which permits withdrawals estances.				
		(1)	Yes (2) No				
E.			ection 12.5). Will your Plan permit loans to employees from the vested Accounts?				
		(1)	No				
	\boxtimes	(2)	Yes. Indicate below whether loans will be permitted for any reason or only on account of hardship:				
		\boxtimes	(a) Any reason.				
			(b) Hardship only.				
F.	distrib	matic Distribution of Small Accounts (Plan Section 9.1). Will your Plan automatically bute vested account balances not exceeding \$3,500, within 60 days after the end of the Year in which a Participant separates from employment?					
	\boxtimes	(1)	Yes (2) No				
Vesting	g (Plan <i>I</i>	Article 8	1				
A.	Time o	of Vestin	g (select (1) or (2) below and complete vesting schedule).				
	\boxtimes	(1)	Single Vesting Schedule:				
			sting schedule selected below will apply to both Employer Matching butions and Profit Sharing Contributions.				
		(2)	Dual Vesting Schedules:				
		Contri	esting schedule marked with an "MC" below will apply to Employer Matching butions and the vesting schedule marked with a "PS" below will apply to Sharing Contributions.				

(3)	Vestin	Vesting Schedules:					
	(a)	100% vesting immediately upon participation in the Plan.					
	(b)	Five-Year Graded Schedule:					
		Vested Percentage	20%	40%	60%	80%	100%
		Years of Service	1	2	3	4	5
	(c)	Seven-Year Graded Sci	hedule:				
		Vested Percentage	20%	40%	60%	80%	100%
		Years of Service	3	4	5	6	7
\boxtimes	(d)	Six-Year Graded Scheo	tule:				
		Vested Percentage	20%	40%	60%	80%	100%
		Years of Service	2	3	4	5	6
	(e)	Three-Year Cliff Scheo	hule:				
		Vested Percentage	0%	100%			
		Years of Service	0-2	3			
	(f)	Five-Year Cliff Schedu	ıle:				
		Vested Percentage	0%	100%			
		Years of Service	0-4	5			
	(g)	Other Schedule (must be Schedule or Five-Year			orable as	Seven-	Year Graded
		(i) Vested Percentage	_%	_%	_%	_%	_%
		(ii) Years of Service					
(4)	Тор Н	leavy Schedule:					
	(a)	If you selected above an "Other Schedule," specify in the space below the schedule that will apply in Plan Years that the Plan is top-heavy. The schedule you specify must be at least as favorable to employees, at all years of service, as either the Six-Year Graded Schedule or the Three-Year Cliff Schedule. The top-heavy vesting schedule will be: [i) the same "Other Schedule" selected above					
		(ii) the fol	llowing s	schedule:			

			Vested	Percent	age	%	-	% .	%	·	_%	%
			Years	of Service	z	_					_	-
				(iii)	Six-Y	ear Gr	rade	d Sche	iule			
				(I V)	Three-	Year	Clif	F Scb∞	hile			
		(b)	If the f	lan becc le apply	ornes top for all s	o-heav subseq	y in Ju c n	a Plan t Plan '	Year, v Years?	vill the to	op-heavy	vesting
				(i)	Yes		<u>:</u>		(ii)	No		
В.	Service	for Ves	ting (sel	<u>ब्दर (1) o</u>	r (2), ar	nd con	nole	te (3)) .				
	×	(1)		un emplo poses of			will	be use	i to dete	rmine hi	is Years o	of Service
		(2)		An employee's Years of Service for vesting will include (check all that apply):					include	all years	except	
			(a)	(New p	lan) ser	vice b	efor	e the e	fective	date of t	he plan	
			(ъ)	(Existic	g plan)	servi	ce b	efore t	e effect	ive date	of the exi	sting plan
			(c)	Service	before	the Pl	۱ مد	er in	which a	n anp lo	yee reach	ed age 18
	(3)	Will an employee's service for a business acquired by the Employer that was performed before the acquisition be included in determining an employee's Years of Service for vesting?										
			(a)	Yes				Ø	(b)	No		
		for vest acquire for the	ee's serv ing. Se d busine Employi	rice will (rvice of a ss) who	be inclu an empl se plan t this Pla	ded in oyee f the En n. Th	der for a replo	predectiver man	intains (icasor ca ig an ca	iployee's imployer must be i	e for which Years of (which in included a predeces	cludes an uservice

C .	Hours of Service for Vesting. The number of Hours of Service required for crediting a Year of Service for vesting will be (check one):						
	\boxtimes	(1)	1,000 Hours of Service				
		(2)	Hours of Service (under 1,000)				
	Hours	of Servi	ice for vesting will be credited according to the method selected under 3.C(6).				
D.	Year of Service Measuring Period for Vesting (Plan Section 2.52). The periods of 12 months used for measuring Years of Service will be (check one):						
CA	\Z	(1)	Plan Years				
		(2)	12-month Eligibility Periods				
	-	-	ing this Plan to replace an existing plan, employees will be credited under this edited to them under the plan you are replacing.				
Investn	nents (P	lan Secti	ons 13.2 and 13.3).				
A .	Available Investment Products (Plan Section 13.2). The investment options available under the Plan are identified in the Service Agreement or such other written instructions between the Employer and Putnam, as the case may be. All Investment Products must be sponsored, underwritten, managed or expressly agreed to in writing by Putnam. If there is any amount in the Trust Fund for which no instructions or unclear instructions are delivered, it will be invested in the default option selected by the Employer in its Service Agreement with Putnam, or such other written instructions as the case may be, until instructions are received in good order, and the Employer will be deemed to have selected the option indicated in its Service Agreement, or such other written instructions as the case may be, as an available Investment Product for that purpose.						
В.	Instructions (Plan Section 13.3). Investment instructions for amounts held under the Plan generally will be given by each Participant for his own Accounts and delivered to Putnam as indicated in the Service Agreement between Putnam and the Employer. Check below only if the Employer will make investment decisions under the Plan with respect to the following contributions made to the Plan. (Check all applicable options.)						
		(1)	The Employer will make all investment decisions with respect to all employee contributions, including Elective Deferrals, Participant Contributions, Deductible Employee Contributions and Rollover Contributions.				
		(2)	The Employer will make all investment decisions with respect to all Employer contributions, including Profit Sharing Contributions, Employer Matching Contributions, Qualified Matching Contributions and Qualified Nonelective Contributions.				

		(3)	The Employer will make investment decisions with respect to Employer Matching Contributions and Qualified Matching Contributions.
		(4)	The Employer will make investment decisions with respect to Qualified Nonelective Contributions.
		(5)	The Employer will make investment decisions with respect to Profit Sharing Contributions.
		(6)	Other (Describe. An Employer may elect to make investment decisions with respect to a specified portion of a specific type of contribution to the Plan.):
C.	Chang	es. Inve	stment instructions may be changed (check one):
	\boxtimes	(1)	on any Valuation Date (daily)
		(2)	on the first day of any month (monthly)
		(3)	on the first day of the first, fourth, seventh and tenth months in a Plan Year (quarterly)
D.			k. (Skip this paragraph if you did not designate Employer Stock as an er the Service Agreement.)
	(1)	Voting	. Employer Stock will be voted as follows:
	Cr	X	(a) In accordance with the Employer's instructions.
			(b) In accordance with the Participant's instructions. Participants are hereby appointed named fiduciaries for the purpose of the voting of Employer Stock in accordance with Plan Section 13.8.
	(2)	Tender	ring. Employer stock will be tendered as follows:
	0 1	×	(a) In accordance with the Employer's instructions.
			(b) In accordance with the Participant's instructions. Participants are hereby appointed named fiduciaries for the purpose of the tendering of Employer Stock in accordance with Plan Section 13.8.

11. Administration.

A.	<u>Plan Administrator (Plan Section 15.1).</u> You may appoint a person or a committee to se as Plan Administrator. If you do not appoint a Plan Administrator, the Plan provides that the Employer will be the Plan Administrator.					
	The initial Plan Administrator will be (check one):					
	This person:					
	A committee composed of these people:					
В.	Recordkeeper (Plan Section 15.4). Unless Putnam expressly permits otherwise, you must appoint Putnam as Recordkeeper to perform certain routine services determined upon execution of a written Service Agreement between Putnam and the Employer. The initial Record keeper will be: Putnam Fiduciary Trust Company (Name) Putnam Retail 401(k) B-2-B 859 Willard St. Quincy, MA 02269-9110					
	(Address)					

Determination Letter Required. You may not rely on an opinion letter issued to Putnam by the 12. National Office of the Internal Revenue Service as evidence that the Plan is qualified under Section 401 of the Internal Revenue Code. In order to obtain reliance with respect to qualification of the Plan, you must receive a determination letter from the appropriate Key District Office of Internal Revenue. Putnam will prepare an application for such a letter upon your request at a fee agreed upon by the parties.

Putnam will inform you of all amendments it makes to the prototype plan. If Putnam ever discontinues or abandons the prototype plan, Putnam will inform you. This Plan Agreement #001 may be used only in conjunction with Putnam's Basic Plan Document #07.

If you have any questions regarding this Plan Agreement, contact Putnam at:

Putnam Defined Contribution Plans One Putnam Place B2B 859 Willard Street Ouincy, MA 02269

Phone: 1-800-752-5766

District Office of Internal Revenue. Putnam will prepare an application for such a letter upon your request at a fee agreed upon by the parties.

Putnam will inform you of all amendments it makes to the prototype plan. If Putnam ever discontinues or abandons the prototype plan, Putnam will inform you. This Plan Agreement #001 may be used only in conjunction with Putnam's Basic Plan Document #07.

* * * * *

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Putnam Defined Contribution Plans
One Putnam Place B2B
859 Willard Street
Quincy, MA 02269
Phone: 1-800-752-5766

EMPLOYER'S ADOPTION OF PUTNAM FLEXIBLE 401(k) AND PROFIT SHARING PLAN

The Employer named below hereby adopts a PUTNAM FLEXIBLE 401(k) AND PROFIT SHARING PLAN, and appoints Putnam Fiduciary Trust Company to serve as Trustee of the Plan. The Employer acknowledges that it has received copies of the current prospectus for each Investment Product available under the Plan, and represents that it will deliver copies of the then current prospectus for each such Investment Product to each Participant before each occasion on which the Participant makes an investment instruction as to his Account. The Employer further acknowledges that the Plan will be acknowledged by Putnam as a Putnam Flexible 401(k) and Profit Sharing Plan only upon Putnam's acceptance of this Plan Agreement.

Investment Options

The Employer hereby elects the following as the investment options available under the Plan:

Putnam Money Market Fund Putnam International Growth and Income Fund

Putnam Income Fund Putnam Global Growth Fund

The Putnam Fund for Growth and Income Putnam Investors Fund

Putnam New Opportunities Fund Criimi Mae Incorporated Common Stock

The following investment option shall be the default option: <u>Putnam Money Market Fund</u> (select the default option from among the investment options listed above).

Criimi Mae Management, Inc.	
Employer signature(s) to adopt Plan:	Date of signature:
Please print name(s) of authorized person(s) signing above:	
	-
Criimi Mae, Inc.	
Employer signature(s) to adopt Plan:	7/17/97
Please print name(s) of authorized person(s) signing above:	_

CHIIII Mae Services, L.I.	
Employer signature(s) to adopt Plan:	7/17/97
Please print name(s) of authorized person(s) signing above:	

A new Plan must be signed by the last day of the Plan Year in which the Plan is to be effective.

ACCEPTANCE OF PUTNAM FIDUCIARY TRUST COMPANY AS TRUSTEE

The Trustee accepts appointment in accordance with the terms and conditions of the Plan, effective as of the date of execution by the Employer set forth above.

Putnam	Fiduciary Trust Company, Trustee	
Ву:	JEW JI PHEUD	

ACCEPTANCE BY PUTNAM

Putnam hereby accepts this Employer's Plan as a prototype established under Putnam Basic Plan Document #07.

Putnam Mutual Funds Corp.

By: