

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 549256 (6)

1. Corporation Name  
**RICHMOND AMERICAN HOMES, INC.**



Principal Place of Business      Mailing Address  
**% CORPORATE SERVICE COMPANY**      **% CORPORATE SERVICE COMPANY**  
**P.O. BOX 591**      **P.O. BOX 591**  
**WILMINGTON DE 19899-0591**      **WILMINGTON DE 19899-0591**

2. Principal Place of Business      2a. Mailing Address  
21 State, Apt. #, etc.      26 State, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Country      29 Zip      30 Country

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/17/1977**      **04/21/1995**  
4. FEI Number      Applied For  
**06-0968273**      Not Applicable  
5. Certificate of Status Desired            **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution            **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYES STREET**  
**TALLAHASSEE FL 32301**

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 607.0508, 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 607.0405, Florida Statutes.

SIGNATURE      DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	RYERSON, KENNETH J	
STREET ADDRESS	3600 S. YOSEMITE #900	
CITY, ST, ZIP	DENVER CO	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HEANEY, JOHN J	
STREET ADDRESS	3600 S. YOSEMITE #900	
CITY, ST, ZIP	DENVER CO	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	REECE, PARIS G., III	
STREET ADDRESS	3600 S. YOSEMITE #900	
CITY, ST, ZIP	DENVER CO	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	THOMPSON, PETER R	
STREET ADDRESS	3600 S. YOSEMITE #900	
CITY, ST, ZIP	DENVER CO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWNE, SPENCER I.	
STREET ADDRESS	3600 S. YOSEMITE #900	
CITY, ST, ZIP	DENVER CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, N 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 checked, or on an attachment with an address.

SIGNATURE: *Paris G. Reece III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Paris G. Reece III, Secretary and Treasurer**

2/8/96      (303) 773-1100  
Date      Daytime Phone #

CR2E034 (12/95)