

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000003317 (4)
1. Corporation Name
SECURITY CAPITAL ATLANTIC MULTIFAMILY INCORPORATED



Principal Place of Business: **125 LINCOLN AVE. SANTA FE NM 87501**
Mailing Address: **7777 MARKET CENTER AVE. EL PASO TE 79912 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date incorporated or Qualified: **06/23/1994**
3a. Date of Last Report: **03/06/1995**
4. FEI Number: **APPLIED FOR 74-2709914**
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
**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **1201 Hays Street, Suite 105**
83
84 City: **Tallahassee** FL 85 Zip Code: **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
Signature (typed or printed name) of officer or director of corporation _____
Signature (typed or printed name) of registered agent _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCMP POTTS, JAMES C SIX PIEDMONT CENTER, SUITE 600 ATLANTA GA	<input type="checkbox"/> DELETE	1. TITLE DC Potts, James C. Six Piedmont Center, Suite 600 Atlanta, GA 30305
NAME	V BALL, DOUGLAS K 125 LINCOLN AVE. SANTA FE NM 87501	<input checked="" type="checkbox"/> DELETE	2. TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
STREET ADDRESS	S SZUREK, PAUL E 125 LINCOLN AVE. SANTA FE NM 87501	<input checked="" type="checkbox"/> DELETE	3. TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
CITY-ST-ZIP	V BARROWS, RAYMOND D SIX PIEDMONT CENTER, SUITE 600 ATLANTA GA	<input type="checkbox"/> DELETE	4. TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
CITY-ST-ZIP	D HOLMES, NED S 125 LINCOLN AVE. SANTA FE NM 87501	<input type="checkbox"/> DELETE	5. TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
CITY-ST-ZIP	D MANNO, ANTHONY R 125 LINCOLN AVE. SANTA FE NM 87501	<input type="checkbox"/> DELETE	6. TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

SIGNATURE: *William Kell* *William Kell* **4/19/95** **915-877-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

Secyurity Capital Atlantic Multifamily Incorporated
Florida Annual Report
Additional List of Officers & Directors

Doc. #: F94000003317 (4)
FEIN: 74-2709914

<u>Title</u>	<u>Name</u>	<u>Address</u>
C	Moore, Constance B.	Six Piedmont Center, #600 Atlanta, GA 30305
V	Freeman, J. Lindsay	Six Piedmont Center, #600 Atlanta, GA 30305
V	Kell, William	7777 Market Center Avenue El Paso, TX 79912
V	Schumacher, Ann	7777 Market Center Avenue El Paso, TX 79912
V	Campbell, Richard O.	Six Piedmont Center, #600 Atlanta, GA 30305
V	Conroe, Mark G.	125 Lincoln Avenue Santa Fe, NM 87501
S	Klopf, Jeffrey A.	125 Lincoln Avenue Santa Fe, NM 87501