

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90009 036 \*\*\*150.00

**DOCUMENT # F94000003317**

1. Entity Name

**SECURITY CAPITAL ATLANTIC MULTIFAMILY INCORPORAT**

Principal Place of Business

Mailing Address

7670 S. CHESTER ST.  
 STE 100  
 ENGLEWOOD CO 80112  
 US

7777 MARKET CENTER AVE.  
 C/O ARCHSTONE TAX DEPT.  
 EL PASO TE 79912-8411  
 US

2. Principal Place of Business

3. Mailing Address

7777 Market Center Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C/O Archstone Tax Dept.

City & State

City & State

El Paso, TX

4. FEI Number

74-2709914

Applied For

Not Applicable

Zip

Country

Zip  
79912

Country  
USA

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
 1201 HAYS ST.  
 SUITE 105  
 TALLAHASSEE FL 32301

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.  
 (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDCE SELLERS, R. SCOT 7670 S. CHESTER ST., STE 100 ENGLEWOOD CO 80112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT KELL, WILLIAM 777 MARKET CENTER AVENUE EL PASO TX 79912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/T William Kell 7777 Market Center Avenue El Paso, TX 79912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDCO WHELAN, PATRICK R 7670 S. CHESTER ST., STE 100 ENGLEWOOD CO 80112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCF MUELLER JR., CHARLES E 7670 S. CHESTER ST., STE 100 ENGLEWOOD CO 80112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD FREEMAN, J LIDSAY SIX PIEDMONT CENTER, SUITE 600 ATLANTA GA 30305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/D J. Lindsay Freeman Six Piedmont Center Suite 600 Atlanta, GA 30305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVS MILLER, BRADLEY C SIX PIEDMONT CENTER, SUITE 600 ATLANTA GA 30305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/S Caroline Brower 7630 S. Chester Street, Suite 190 Englewood, CO 80112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00

915-877-1773

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE