

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90052 017 \*\*\*150.00

**DOCUMENT # F98000003621**

1. Entity Name

**ARCHSTONE COMMUNITIES INCORPORATED**

Principal Place of Business

Mailing Address

7670 S CHESTER ST  
 STE 100  
 ENGLEWOOD CO 80112

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**74-2820975**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	SELLER, SCOT R	
STREET ADDRESS	7670 S. CHESTER ST., STE. 100	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	WHELAN, PATRICK R	
STREET ADDRESS	7670 S. CHESTER ST., STE. 100	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	V	<input type="checkbox"/> Delete
NAME	PORTER, PAMELA D	
STREET ADDRESS	1200 HARGER, STE 310	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE	SVS	<input type="checkbox"/> Delete
NAME	KLOPF, JEFFREY A	
STREET ADDRESS	125 LINCOLN AVE.	
CITY-ST-ZIP	SANTA FE NM 87501	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARKER, LUCINDA G	
STREET ADDRESS	125 LINCOLN AVE.	
CITY-ST-ZIP	SANTA FE NM 87501	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	MUELLER, CHARLES E JR	
STREET ADDRESS	7670 S CHESTER ST., STE 100	
CITY-ST-ZIP	ENGLEWOOD CO 80112	

TITLE	D/C/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. Scot Sellers	
STREET ADDRESS	7670 S. Chester Street, Suite 100	
CITY-ST-ZIP	Englewood, CO 80112	
TITLE	D/P/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick R. Whelan	
STREET ADDRESS	7670 S. Chester Street, Suite 100	
CITY-ST-ZIP	Englewood, CO 80112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey A. Klopff	
STREET ADDRESS	125 Lincoln Avenue	
CITY-ST-ZIP	Santa Fe, NM 87501	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/SV/AS/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles E. Mueller, Jr.	
STREET ADDRESS	7670 S. Chester Street, Suite 100	
CITY-ST-ZIP	Englewood, CO 80112	

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-00

915-877-1773