SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jun 25 1996 8:00 am
Secretary of State

DOCUMENT # **G90790** **(8)**

1. Corporation Name
NPI CAPITAL CORPORATION

Principal Place of Business	Mailing Address
5665 NORTHSIDE DR NW ATLANTA GA 30328-2850	5665 NORTHSIDE DR NW ATLANTA GA 30328-2850

3. Date Incorporated or Qualified: 02/09/1984
3a. Date of Last Report: 06/27/1995

2. Principal Place of Business
21 ONE INSIGNIA FINANCIAL R
Suite, Apt. #, etc.
22 CORP. ACCOUNTING
City & State
23 GREENVILLE SC
Zip 24: 29602 Country 25: USA

2a. Mailing Address
26 P.O. BOX 1089
Suite, Apt. #, etc.
27 CORP. ACCOUNTING
City & State
28 GREENVILLE SC
Zip 29: 29650 Country 30: USA

4. FEI Number: 59-2405701 ☐ Applied For ☐ 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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1508, 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 registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	DIRECTOR/PRESIDENT	☐ Change ☑ Addition
NAME	QUELER, ARTHUR N		1.2 NAME	WILLIAM H. JARRARD JR.	
STREET ADDRESS	5665 NORTHSIDE DRIVE, NW, SUITE 370		1.3 STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	GREENVILLE SC 29602	
TITLE	VSTD	☑ DELETE	2.1 TITLE	V.P. SECRETARY	☐ Change ☑ Addition
NAME	ASHINER, MICHAEL L		2.2 NAME	JOHN K. LINES	
STREET ADDRESS	100 JERICHO QUADRANGLE, SUITE 214		2.3 STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY-ST-ZIP	JERICHO NY		2.4 CITY-ST-ZIP	GREENVILLE SC 29602	
TITLE	VD	☑ DELETE	3.1 TITLE	V.P. TREASURER	☐ Change ☑ Addition
NAME	LIFTON, G BRUCE		3.2 NAME	RONALD URETTA	
STREET ADDRESS	5665 NORTHSIDE DRIVE, NW, SUITE 370		3.3 STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	GREENVILLE SC 29602	
TITLE	V	☑ DELETE	4.1 TITLE	CONTROLLER	☐ Change ☑ Addition
NAME	LIFTON, STEVE		4.2 NAME	MARTHA LONG	
STREET ADDRESS	100 JERICHO QUADRANGLE STE 214		4.3 STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY-ST-ZIP	JERICHO NY		4.4 CITY-ST-ZIP	GREENVILLE SC 29602	
TITLE	DC	☑ DELETE	5.1 TITLE	ASSISTANT SECRETARY	☐ Change ☑ Addition
NAME	LIFTON, MARTIN		5.2 NAME	KELLEY BUECHLER	
STREET ADDRESS	100 JERICHO QUADRANGLE STE 214		5.3 STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY-ST-ZIP	JERICHO NY		5.4 CITY-ST-ZIP	GREENVILLE SC 29650	
TITLE	V	☑ DELETE	6.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME	KRAUSE, PAULA		6.2 NAME	PAULA KRAUSE	
STREET ADDRESS	5665 NORTHSIDE DR NW STE 370		6.3 STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY-ST-ZIP	ATLANTA G		6.4 CITY-ST-ZIP	GREENVILLE SC 29650	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martha L Long 6/17/96 864-239-1138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARTHA LONG