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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
NPI CAPITAL CORPORATION

Principal Place of Business	Mailing Address
ONE INSIGNIA FINANCIAL PL CORP ACCOUNTING GREENVILLE SC 29602 US	P O BOX 1089 CORP ACCOUNTING GREENVILLE SC 29602-1089 US

3. Date Incorporated or Qualified: 02/09/1984
3a. Date of Last Report: 06/25/1996

2. Principal Place of Business	2a. Mailing Address
21 One Insignia Financial Plaza	26 P.O. Box 1089
Suite, Apt. #, etc. 22 Corporate Accounting	Suite, Apt. #, etc. 27 Corporate Accounting
City & State 23 Greenv. Ille, S.C.	City & State 28 Greenv. Ille, SC.
Zip / Country 24 29601 / 25 US	Zip / Country 29 29602-1089 / 30 US

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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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	DP	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	JARRARD, WILLIAM H JR		1.2 NAME		
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC		1.4 CITY-ST-ZIP	29601	
TITLE	VPS	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	LINES, JOHN K		2.2 NAME		
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREEVILLE SC		2.4 CITY-ST-ZIP	29601	
TITLE	VPT	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	URETTA, RONALD		3.2 NAME		
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC		3.4 CITY-ST-ZIP	29601	
TITLE	C	☐ DELETE	4.1 TITLE	Controller	☑ Change ☐ Addition
NAME	LONG, MARTHA		4.2 NAME		
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		4.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC		4.4 CITY-ST-ZIP	29601	
TITLE	AS	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	BUECHLER, KELLEY		5.2 NAME		
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		5.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC		5.4 CITY-ST-ZIP	29601	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: _____ 4/21/97 (864) 239-1138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010655