

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F95000002712**

1. Entity Name

**AIMCO-GP, INC.****FILED****Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90106 025 \*\*\*150.00

Principal Place of Business

Mailing Address

**1873 S BELLAIRE ST  
SUITE 1700  
DENVER CO 80222****1873 S BELLAIRE ST  
SUITE 1700  
DENVER CO 80222-4360**

2. Principal Place of Business

**2000 South Colorado Blvd.**

3. Mailing Address

**2000 S. Colorado Blvd.**

Suite, Apt. #, etc.

**Tower Two, Suite 2-1000**

Suite, Apt. #, etc.

**Tower Two, Suite 2-1000**

City &amp; State

**Denver, CO**

City &amp; State

**Denver, CO**

Zip

**80222**

Country

**USA**

Zip

**80222**

Country

**USA**

4. FEI Number

**84-1299715**

Applied For

Not Applicable

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****CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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	DCP <input type="checkbox"/> Delete	TITLE	CP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSIDINE, TERRY	NAME	
STREET ADDRESS	1873 S BELLAIRE ST, #1700	STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000
CITY-ST-ZIP	DENVER CO 80222	CITY-ST-ZIP	Denver, CO 80222
TITLE	DV <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOMPANIEZ, PETER K	NAME	
STREET ADDRESS	1873 S BELLAIRE ST, STE. 1700	STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000
CITY-ST-ZIP	DENVER CO 80222	CITY-ST-ZIP	Denver, CO 80222
TITLE	SCFO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREIN, LEEANN	NAME	
STREET ADDRESS	1873 S BELLAIRE ST, #1700	STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATH, PATRICIA	NAME	
STREET ADDRESS	1873 S BELLAIRE ST, #1700	STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000
CITY-ST-ZIP	DENVER CO 80222	CITY-ST-ZIP	Denver, CO 80222
TITLE	EVSC <input type="checkbox"/> Delete	TITLE	EVP/Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONDER, JOEL F	NAME	
STREET ADDRESS	1873 S BELLAIRE ST, STE. 1700	STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000
CITY-ST-ZIP	DENVER CO 80222	CITY-ST-ZIP	Denver, CO 80222
TITLE	EVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOYE, PATRICK J	NAME	
STREET ADDRESS	1873 S BELLAIRE ST, STE 1700	STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000
CITY-ST-ZIP	DENVER CO 80222	CITY-ST-ZIP	Denver, CO 80222

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:** *Joel Bonder* **Joel Bonder, Secretary** **4-19-00** **(303) 757-8101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)