03 JUN -2 PM 12: 38



Principal Place of Business 2000 S COLORADO BLVD TOWER TWO STE 2-1000

DOCÚMENT#

1. Entity Name AIMCO-GP, INC.

DENVER CO 80222

Mailing Address 2000 S COLORADO BLVD TOWER TWO STE 2-1000 DENVER CO 80222

2. Principal Place of Business	3. Mailing Address	
4582 S. Ulster St. Pkwg.	45825. Ulster St. Pkwy.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Su:te1100	Suite 1100	
City 9 Chata	Oit of Court	

2003 FOR PROFIT CORPORATION

F95000002712

☐ CHECK HERE IF MAKING CHANGES

City & State	Co	City & State	(0)		4. FEI Number 84-1299715		Applied For Not Applicab
80237	Country USA	Zip 80237	Coun	s A	5. Certificate of Status Desired		\$8.75 Additional ee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New R	egistered A	gent

Name

City

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301

					•		
Street	Address (P	O.	Вох	Number	is Not	Accep	table)

800020306508

		I
3.	The above named entity adpmits this statement/for the purpose of changing its registere	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
	the obligations of registered agent.	$I \cup I$
	I I IN K R HOLLING	16/2///3
210	ENATINE () //// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	05/30/02

FILE NOW!!! FEE IS \$150.00

Signature, typed or printed name of registered agent and title if April ple. R. Shift of People and April Pe

9. Election Campaign Financing \$5.00 May Be

DATE

Zip Code

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Trust Fund Contribution.

Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	CP	Delete	TITLE	Change Addition
NAME	CONSIDINE, TERRY		NAME	•
STREET ADDRESS	2000 S COLO BLVD TOWER TWO #2-1000		STREET ADDRESS	1582 S. Ulster St. Parkway, Soute 1100
CITY-ST-ZIP	DENVER CO 80222		CITY-ST-ZIP	Denver, CO 80237
TITLE	PD	☐ Delete	TITLE	Change Addition
NAME	KOMPANIEZ, PETER K		NAME	
STREET ADDRESS	2000 S COLO BLVD TOWER TWO #2-1000		STREET ADDRESS	14582 S. Ulster St. Parkway, S. te 1100
CITY-ST-ZIP	DENVER CO 80222		CITY-ST-ZIP	Denver, 10 80237
TITLE	SVPT	☐ Delete	TITLE	Change Addition
NAME	HEATH, PATRICIA		NAME	
STREET ADDRESS	2000 S COLO BLVD TOWER TWO #2-1000		STREET ADDRESS	4582 S. Ulster St. Parkway, Suite 1100
CITY-ST-ZIP	DENVER CO 80222		CITY-ST-ZIP	Denver 10 80237
TITLE	EVPS	Delete	TITLE	EVPS Change R Addition
NAME	BONDER, JOEL F	•	NAME	niles Cortez
STREET ADDRESS	2000 S COLO BLVD TOWER TWO #2-1000		STREET ADDRESS	4582 S. Ulster St. Parkway, Suite 1100
CITY-ST-ZIP	DENVER CO 80222	·	CITY-ST-ZIP	Denver, 60 80237
TITLE	EVP	☐ Delete	TITLE	
NAME	FOYE, PATRICK J		NAME	
STREET ADDRESS	2000 S COLO BLVD TOWER TWO #2-1000		STREET ADDRESS	4582 S. Ulster St. Parkway, Sute 1100
CITY-ST-ZIP	DENVER CO 80222		CITY-ST-ZIP	Denver, 10 80237
TITLE	AS	☐ Delete	TITLE	
NAME	ASARCH, CHAD		NAME	
STREET ADDRESS	2000 S COLORADO BLVD TOWER 2#2-1000)	STREET ADDRESS	4582 S. Ulster St. Parkway, Svite 1100
CITY-ST-ZIP	DENVER CO 80222		CITY-ST-ZIP	Denver, (0 80237)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE



RESUBMIT

Please give original submission date as file date.

ACCOUNT NO. : 072100000032
REFERENCE : 111159 5124005
AUTHORIZATION :
COST LIMIT: \$ 70. There I regular
ORDER DATE: May 29, 2003
ORDER TIME : 9:29 AM
ORDER NO. : 111159-045
CUSTOMER NO: 5124005
CUSTOMER: Ms. Leslie Green Aimco Suite 1100 4582 South Ulster Street Pkwy Denver, CO 80237
ANNUAL REPORT FILING
NAME: AIMCO-GP, INC.
XX ANNUAL REPORT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight - Ext. 1156
EXAMINER'S INITIALS: