

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 834577

1. Corporation Name

AMREAL CORPORATION

Principal Place of Business	Mailing Address
55 BEATTIE PLACE GREENVILLE SC 29602	P O BOX 1089 GREENVILLE SC 29602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	01/03/1972
4. FEI Number	57-0539477
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	The Prentice Hall Corp System, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street
83	
84 City	Tallahassee
85 Zip Code	FL 32301

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 Maureen Cullen Asst. V.P. DATE 4/28/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter K. Kompaniez	12 NAME	
STREET ADDRESS	1873 So Bellaire St 17th Flr	13 STREET ADDRESS	
CITY - ST - ZIP	Denver CO 80222-4300	14 CITY - ST - ZIP	
TITLE	EVP/Legal Counsel/Sec	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joel F. Bonder	22 NAME	
STREET ADDRESS	1873 So Bellaire St 17th Flr	23 STREET ADDRESS	
CITY - ST - ZIP	Denver CO 80222-4300	24 CITY - ST - ZIP	
TITLE	SVP - Controller	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martha L. Long	32 NAME	
STREET ADDRESS	55 Beattie Place	33 STREET ADDRESS	
CITY - ST - ZIP	Greenville SC 29602	34 CITY - ST - ZIP	
TITLE	VP and Treasurer	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia K. Heath	42 NAME	
STREET ADDRESS	1873 So Bellaire St 17th Flr	43 STREET ADDRESS	
CITY - ST - ZIP	Denver CO 80222-4300	44 CITY - ST - ZIP	
TITLE	EVP-Finance & Admin	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas W. Toomey	52 NAME	
STREET ADDRESS	1873 So Bellaire St 17th Flr	53 STREET ADDRESS	
CITY - ST - ZIP	Denver CO 80222-4300	54 CITY - ST - ZIP	
TITLE	SVP - Property Oper.	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Mathes	62 NAME	
STREET ADDRESS	55 Beattie Place	63 STREET ADDRESS	
CITY - ST - ZIP	Greenville, SC 29602	64 CITY - ST - ZIP	

14. 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 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 change, or on an attachment with an address, with all other like empowered

SIGNATURE: Martha L. Long MARTHA L. LONG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (864) 239-1000
Daytime Phone #