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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED OCT 30 11:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # 840733

1. Corporation Name NHP MANAGEMENT COMPANY

Principal Place of Business

1225 EYE ST NW, STE 200 WASHINGTON DC 20005 US

Mailing Address

1225 EYE ST NW, STE 200 WASHINGTON DC 20005 US

2. Principal Place of Business

21 1873 S Bellaire St

Suite, Apt. #, etc. 22 Suite 1700 City & State

23 Denver, CO

Zip Country 24 80222 25 US

2a. Mailing Address

26 1873 S Bellaire St

Suite, Apt. #, etc. 27 Suite 1700 City & State

28 Denver, CO

Zip Country 29 80222 30 US

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301

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

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

(NOTE: To avoid Agent appointment, use "Withdrawal")

(DATE)

12. OFFICERS AND DIRECTORS

Table with 6 rows of officer information including Title, Name, Street Address, City, State, and Zip.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 rows for new additions/changes, including Title, Name, Street Address, City, State, and 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed name of signing officer or director

Signature: Joel F. Bonder, Secretary 04-27-99 (303)757-8101

CR2E034 (*1/98)