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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **F92000000462 (3)**

1. Corporation Name
APARTMENT FUND HOLDINGS, INC.

Principal Place of Business	Mailing Address
900 N.MICHIGAN AVE SUITE 1800 CHICAGO IL 60611 US	900 N.MICHIGAN AVE SUITE 1800 CHICAGO IL 60611 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/02/1992
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business	2a. Mailing Address
21 180 N. LaSalle Street	26 180 N. LaSalle Street
Suite, Apt. #, etc. 22 Suite 3400	Suite, Apt. #, etc. 27 Suite 3400
City & State 23 Chicago, Illinois	City & State 28 Chicago, Illinois
Zip / Country 24 60601 / 25 USA	Zip / Country 29 60601 / 30 USA

4. FEI Number: 36-3537607 ☐ 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	CD	11 TITLE	D/C	☒ Change ☐ Addition
NAME	CLAEYS, JEROME J III	12 NAME		
STREET ADDRESS	900 NORTH MICHIGAN AVE.	13 STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP	Chicago, IL 60601	
TITLE	VP	21 TITLE	MD/S	☒ Change ☐ Addition
NAME	NOELL, JOHN W.	22 NAME		
STREET ADDRESS	900 NORTH MICHIGAN AVE	23 STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	CHICAGOA IL	24 CITY-ST-ZIP	Chicago, IL 60601	
TITLE	P	31 TITLE		☐ Change ☒ Addition
NAME	BRUCE W. DUNCAN	32 NAME	Charles H. Wurtzebach	
STREET ADDRESS	900 NORTH MICHIGAN AVE	33 STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	Chicago, IL 60601	
TITLE	MD	41 TITLE	D/C	☐ Change ☒ Addition
NAME	SUMERS, GARY M.	42 NAME	Stephen M. Perlmutter	
STREET ADDRESS	900 NORTH MICHIGAN AVE	43 STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP	Chicago, IL 60601	
TITLE	AVPS	51 TITLE	AV/AS	☒ Change ☐ Addition
NAME	CAREY, GAIL	52 NAME		
STREET ADDRESS	900 NORTH MICHIGAN AVE	53 STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP	Chicago, IL 60601	
TITLE	D	61 TITLE	T	☐ Change ☒ Addition
NAME	COOKE, JOHN R.	62 NAME	Roger E. Smith	
STREET ADDRESS	900 NORTH MICHIGAN AVE	63 STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	CHICAGO IL	64 CITY-ST-ZIP	Chicago, IL 60601	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gail Carey — Gail Carey — 4/18/95 — (312) 541-6767
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

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