

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F92000000613 (1)

1. Corporation Name

UNITED DOMINION REALTY TRUST, INC.



Principal Place of Business

10 S. SIXTH ST., SUITE 203  
RICHMOND VA 23219-3802

Mailing Address

10 S. SIXTH ST., SUITE 203  
RICHMOND VA 23219-3802

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
11/25/1992

3a. Date of Last Report  
04/17/1995

4. FEI Number

54-0857512

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
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: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                    | STREET ADDRESS        | CITY - ST - ZIP        | <input type="checkbox"/> DELETE |
|-------|-------------------------|-----------------------|------------------------|---------------------------------|
| D     | WILLIAMS, C. HARMON JR. | 707 E. MAIN STREET    | RICHMOND VA 23219      |                                 |
| D     | BANE, JEFF C            | 5520 LAKESIDE AVE.    | RICHMOND VA 23228      |                                 |
| D     | BUFORD, ROBERT P        | 951 E. BYRD ST.       | RICHMOND VA 23219-4074 |                                 |
| D     | VPSD                    | SURFACE, KATHERYN E   | 10 SOUTH SIXTH STREET  |                                 |
| D     | DALTON, R. T            | 10 SOUTH SIXTH STREET | RICHMOND VA            |                                 |
| D     |                         |                       |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE  | 2. NAME  | 3. STREET ADDRESS  | 4. CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|-----------|----------|--------------------|---------------------|------------------------------------------------------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

V/S  
Surface, Kathryn E.  
10 South Sixth Street  
Richmond, VA 23219-3802

D/P  
McCann, John P.  
10 South Sixth Street  
Richmond, VA 23219-3802

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)(k), 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, unchanged, or on an amendment with an address.

SIGNATURE: By: *Robert P. Buford*, Vice President

April 3, 1996 (804) 780-2691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)