

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1992

4. FEI Number

54-0857512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ 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

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MCCANN, JOHN P | |
| STREET ADDRESS | 10 SOUTH SIXTH STREET | |
| CITY-ST-ZIP | RICHMOND VA 23219 | |
| TITLE | EVP | <input type="checkbox"/> DELETE |
| NAME | DOLPHIN, JAMES C | |
| STREET ADDRESS | 10 SOUTH SIXTH STREET | |
| CITY-ST-ZIP | RICHMOND VA 23219 | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | SURFACE, KATHERYN E | |
| STREET ADDRESS | 10 SOUTH SIXTH STREET | |
| CITY-ST-ZIP | RICHMOND VA 23219 | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | DAVIS, JERRY | |
| STREET ADDRESS | 10 SOUTH SIXTH STREET | |
| CITY-ST-ZIP | RICHMOND VA 23219 | |
| TITLE | AVP | <input checked="" type="checkbox"/> DELETE |
| NAME | SCHMIDT, SARAH S | |
| STREET ADDRESS | 10 SOUTH SIXTH STREET | |
| CITY-ST-ZIP | RICHMOND VA 23219 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WILLIAMS, C. HARMON JR. | |
| STREET ADDRESS | 707 E. MAIN STREET | |
| CITY-ST-ZIP | RICHMOND VA 23219 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Dolphin, James (no middle initial) |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Senior VP & S |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | EVP |
| 4.3 STREET ADDRESS | Schneider, John S. |
| 4.4 CITY-ST-ZIP | 10 South Sixth Street Richmond, VA 23219 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 changed or on an attachment with a address.

SIGNATURE: By Katheryn E. Surface 3/30/98 (804) 780-2691

CR2E034 (10/97)