

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	
DOCUMENT # F92000000822			
1. Corporation Name IMH, INC.			
Principal Place of Business 55 BEATTIE PLACE GREENVILLE SC 29602		Mailing Address P O BOX 1089 GREENVILLE SC 29602	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 12/02/1992	
2a. Mailing Address		4. FEI Number 57-0966271	
21. Suite, Apt. #, etc.		Applied For Not Applicable	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
		FL 85. Zip Code 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 <i>Martha L. Long</i>		DATE <i>4/5/99</i>	
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	
1.1 TITLE President <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME Steven D. Ira		1.2 NAME	
1.3 STREET ADDRESS 1873 So Bellaire St 17th Flr		1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP Denver CO 80222-4300		1.4 CITY - ST - ZIP	
2.1 TITLE EVP/Legal Counsel/Sec <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME Joel F. Bonder		2.2 NAME	
2.3 STREET ADDRESS 1873 So Bellaire St 17th Flr		2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP Denver CO 80222-4300		2.4 CITY - ST - ZIP	
3.1 TITLE SVP - Controller <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME Martha L. Long		3.2 NAME	
3.3 STREET ADDRESS 55 Beattie Place		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP Greenville SC 29602		3.4 CITY - ST - ZIP	
4.1 TITLE VP and Treasurer <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME Patricia K. Heath		4.2 NAME	
4.3 STREET ADDRESS 1873 So Bellaire St 17th Flr		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP Denver CO 80222-4300		4.4 CITY - ST - ZIP	
5.1 TITLE EVP-Finance & Admin <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME Thomas W. Toomey		5.2 NAME	
5.3 STREET ADDRESS 1873 So Bellaire St 17th Flr		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP Denver CO 80222-4300		5.4 CITY - ST - ZIP	
6.1 TITLE SVP - Property Oper. <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME James Mathes		6.2 NAME	
6.3 STREET ADDRESS 55 Beattie Place		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP Greenville, SC 29602		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 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

Daytime Phone # (864) 239-1000