FILED

DOCUMENT # F9200000822

1. Entity Name

IMH, INC.

SIGNATURE .

| Principal Place of Business | Mailing Address |
|-----------------------------|---|
| ·· BEATTIE PLACE | P.O. BOX 1089 GREENVILLE SC 29602-1089 US |

2. Principal Place of Business 2000 S. Colorado Boulevard 2000 S. Colorado Boulevard Suite, Apt. #, etc.

Tower Two, Suite 2-1000 Suite, Apt. #, etc.

Tower Two, Suite 2-1000 City & State



DO NOT WRITE IN THIS SPACE

DATE

| Cower Two, Suite 2-1000 Tower Two, Suite 2 | | | -1000 | | | | | | |
|--|--------------------|-------|--|----------------------------|----------------------------------|--------------------------------|--|--|--|
| City & State Cenver, CO City & State Cenver, CO City & State | | | 4. FEI Number 57-0966271 | Applied For Not Applicable | | | | | |
| Zip Country 00222 USA | | 80222 | Country USA | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | | | |
| | | | | Name | | | | | |
| THE PRENTICE HALL CORP. SYSTEM, INC. 1201 HAYS STREET | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| TALLAHAS | SSEE FL 32301-2525 | | | | | | | | |
| | | | | City | | FL Zip Code | | | |
| | | | | <u> </u> | | | | | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

This corporation is eligible to satisfy its Intangible
 Tax filling requirement and elects to do so.

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

FILE NOW!!! FEE IS \$150.00 ·
After MAY 1, 2000 Fee will be \$550.00 lake Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| (See criter | ia on back) \square | Make Check Payable | to Department | J | | | |
|----------------|------------------------------|--------------------|---|---------|--------------------|----------------|--------------------|
| 11. | OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE | P | XXX elete | TITLE | EVP/Dir | ector | ☐ Change | Addition |
| NAME | IRA, STEVEN D | | NAME | | J. Foye | | |
| STREET ADDRESS | 1873 SO BELLAIRE ST 17TH FLR | | STREET ADDRESS | | Colorado Blvd., To | wer Two, | #2-1000 |
| CITY-ST-ZIP | DENVER CO 80222-4300 | | CITY-ST-ZIP | | CO 80222 | | |
| TITLE | EVLS | □ Delete | TITLE | EVP/Sec | | Change | x x ddition |
| NAME | Bonder, Martha L | | NAME | | Bonder | - "^ | |
| STREET ADDRESS | 1873 SO BELLAIRE ST 17TH FLR | | STREET ADDRESS | | Colo. Blvd., Tower | Two, #2- | 1000 |
| CITY-ST-ZIP | DENVER CO 80222-4300 | · | CITY-ST-ZIP | Denver, | CO 80222 | | |
| TITLE | VPT | □ Delete ~ | TITLE | | A' | = - · X Change | ☐ Addition |
| NAME | HEATH, PATRICIA K | | NAME | 2000 6 | Colo. Blvd., Tower | Ттто #2 | 1000 |
| STREET ADDRESS | 1873 SO BELLAIRE ST 17TH FLR | | STREET ADDRESS | | | 1WO, 172- | 1000 |
| CITY-\$T-ZIP | DENVER CO 80222-4300 | | CITY-ST-ZIP | Denver, | CO 80222 | | |
| TITLE | EVPA | ☐ Delete | TITLE | Preside | ent/Director | 🔀 Change | ☐ Addition |
| NAME | TOOMEY, THOMAS W. | | NAME | | | | 1000 |
| STREET ADDRESS | 1873 SO BELLAIRE ST 17TH FLR | | STREET ADDRESS | 1 | Colo. Blvd., Tower | Two, #2- | -1000 |
| CITY-ST-ZIP | DENVER CO 80222-4300 | | CITY-ST-ZIP | Denver, | CO 80222 | | |
| TITLE | SVPC | | TITLE | | <i>:</i> | ☐ Change | ☐ Addition |
| NAME | LONG, MARTHA | | NAME | (| | | ĺ |
| STREET ADDRESS | 55 BEATTIE PLACE | | STREET ADDRESS | | , | | 1 |
| CITY-ST-ZIP | GREENVILLE SC 29602 | | CITY-ST-ZIP | | | | |
| TITLE | SVPO | Delete | TITLE | | | ☐ Change | ☐ Addition |
| NAME | MATHES, JAMES | | NAME | | | | |
| STREET ADDRESS | 55 BEATTIE PLACE | | STREET ADDRESS | ł | | | |
| CITY-ST-ZIP | GREENVILLE SC 29602 | | CITY-ST-ZIP | | | | |

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joek Bonder, EVP/Secretary

4-20-00

(303) 757-810

Daytime Phone #

CR2E034 (9/9)