

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F92000000848

1. Corporation Name  
MAE VENTURES, INC.

Principal Place of Business  
ONE INSIGNIA FINANCIAL PLAZA  
GREENVILLE SC 29601  
US

Mailing Address  
P.O. BOX 1089  
GREENVILLE SC 29602

FILED

99 SEP 14 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1873 S. Bellaire St.		26 1873 S. Bellaire St.		12/22/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 1700		27 Suite 1700		57-0966622	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Denver, Colorado		28 Denver, Colorado		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 80222		29 80222			
Country		Country			
25 USA		30 USA			

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
Corporation Service Company  
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 obligation of, section 607.0505, Florida Statutes.

SIGNATURE *Deborah D. Skipper*  
Signature, typed or printed name of registered agent and title, if applicable.

Deborah D. Skipper  
as its agent

9-14-99

(NOTE: Registered Agent signature required when retreating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	C/D
NAME	JARRAD, WILLIAM H. JR	1.2 NAME	Terry Considine
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	1.3 STREET ADDRESS	1873 S. Bellaire St., Ste. 1700
CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP	Denver, CO 80222
TITLE	AS	2.1 TITLE	P/D
NAME	BUECHLER, KELLEY M	2.2 NAME	Peter Kompaniez
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	2.3 STREET ADDRESS	1873 S. Bellaire St., Ste. 1700
CITY-ST-ZIP	GREENVILLE SC	2.4 CITY-ST-ZIP	Denver, Colorado 80222
TITLE	S	3.1 TITLE	V/S
NAME	LEBEY, DANIEL	3.2 NAME	Joel Bonder
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	3.3 STREET ADDRESS	1873 S. Bellaire St., Ste 1700
CITY-ST-ZIP	GREENVILLE SC	3.4 CITY-ST-ZIP	Denver, Colorado 80222
TITLE	DP	4.1 TITLE	V/T
NAME	VINSON, CARROLL D.	4.2 NAME	Patricia Heath
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	4.3 STREET ADDRESS	1873 S. Bellaire St., Ste 1700
CITY-ST-ZIP	GREENVILLE SC	4.4 CITY-ST-ZIP	Denver, CO 80222
TITLE	V	5.1 TITLE	
NAME	LONG, ROBERT D. JR	5.2 NAME	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Joel P. Bonder* Joel P. Bonder, Secretary

9-13-99

(303) 757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)