

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).

FILED  
Aug 02, 1999 8:00 am  
Secretary of State

08-02-1999 90014 045 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F93000000462

1. Corporation Name  
INSIGNIA/ESG, INC.

Principal Place of Business

~~CORPORATE ACCOUNTING~~  
GREENVILLE SC 29602  
US

Mailing Address

~~P.O. BOX 1080~~  
GREENVILLE SC 29602  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1993

4. FEI Number

57-0966617

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 owes the current year  
Intangible Personal Property.

☐ Yes

☒ No

2. Principal Place of Business

21 15 South Main St.

Suite, Apt. #, etc.

22 Suite 900

City & State

23 Greenville SC

Zip

24 29601

Country

25 US

2a. Mailing Address

26 PO Box 1807

Suite, Apt. #, etc.

27

City & State

28 Greenville SC

Zip

29 29602

Country

30 US

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

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 COD ☒ DELETE

NAME HOROWITZ, HENRY  
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA  
CITY-ST-ZIP GREENVILLE SC

TITLE AS ☒ DELETE

NAME BUECHLER, KELLEY M  
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA  
CITY-ST-ZIP GREENVILLE SC

TITLE VPT ☐ DELETE

NAME URETTA, RONALD  
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA  
CITY-ST-ZIP GREENVILLE SC

TITLE PD ☐ DELETE

NAME SIEGEL, STEPHEN  
STREET ADDRESS 200 PARK AVE  
CITY-ST-ZIP NEW YORK NY

TITLE C ☒ DELETE

NAME LONG, MARTHA  
STREET ADDRESS ONE INSIGNIA FINANCIAL PLZ  
CITY-ST-ZIP GREENVILLE SC

TITLE VPS ☒ DELETE

NAME LEBEY, DANIEL  
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA  
CITY-ST-ZIP GREENVILLE SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Frank M. Garrison  
1.3 STREET ADDRESS 102 Woodmont Blvd. Suite 400  
1.4 CITY-ST-ZIP Nashville TN 37205

2.1 TITLE AS ☐ Change ☒ Addition

2.2 NAME Yvonne Owens  
2.3 STREET ADDRESS 15 South Main Street Suite 900  
2.4 CITY-ST-ZIP Greenville SC 29601

3.1 TITLE PD ☒ Change ☐ Addition

3.2 NAME Ronald Uretta  
3.3 STREET ADDRESS 200 Park Avenue  
3.4 CITY-ST-ZIP New York NY 10166

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE SV/S ☐ Change ☒ Addition

5.2 NAME Adam B. Gilbert  
5.3 STREET ADDRESS 200 Park Avenue  
5.4 CITY-ST-ZIP New York NY 10166

6.1 TITLE ☐ Change ☐ 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 an address.

SIGNATURE: Yvonne Owens, Assistant Secretary 7/27/99 (864) 298-8400

CR2E034 (5/99)