FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000004591 (4)**

1. Corporation Name

CAPITAL APARTMENT PROPERTIES, INC.

Principal Place of Business	Mailing Address
11200 ROCKVILLE PIKE 400 ROCKVILLE MD 20852 US	11200 ROCKVILLE PIKE 400 ROCKVILLE MD 20852 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 10/12/1993	3a. Date of Last Report: 05/01/1995
21	26	4. FEI Number: 52-1839341	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature of new registered agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VCFO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ESPOSITO, BRUCE A		1.2 NAME		
STREET ADDRESS	11200 ROCKVILLE PIKE,		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE MD		1.4 CITY-ST-ZIP		
TITLE	VCOB	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLOUGHBY, H. WILLIAM		2.2 NAME		
STREET ADDRESS	11200 ROCKVILLE PIKE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE MD 20852		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KADISH, RICHARD L		3.2 NAME		
STREET ADDRESS	11200 ROCKVILLE PIKE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE MD 20852		3.4 CITY-ST-ZIP		
TITLE	CEO	☒ DELETE	4.1 TITLE	VS	☐ Change ☒ Addition
NAME	KADISH, RICHARD L		4.2 NAME	Goldshine, Jeffrey A	
STREET ADDRESS	11200 ROCKVILLE PIKE		4.3 STREET ADDRESS	11200 Rockville Pike	
CITY-ST-ZIP	ROCKVILLE MD 20852		4.4 CITY-ST-ZIP	Rockville MD 20852	
TITLE	EVS	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BURG, GERALD E		5.2 NAME		
STREET ADDRESS	11200 ROCKVILLE PIKE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE MD 20852		5.4 CITY-ST-ZIP		
TITLE	VPC	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SMOCK, STEPHANIE		6.2 NAME		
STREET ADDRESS	11200 ROCKVILLE PKE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE MD		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Stephanie J. Smock (Stephanie J. Smock) 2/5/96 (301) 231-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #