

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000000108**

1. Entity Name

ORP CORPORATION IV



FILED

03 JUN 11 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% AIMCO PROPERTIES, L.P.
TOWER TWO, 2000 COLORADO BLVD., #2-1000
DENVER CO 80222

Mailing Address

% AIMCO PROPERTIES, L.P.
TOWER TWO, 2000 COLORADO BLVD., #2-1000
DENVER CO 80222



2. Principal Place of Business

4582 S. ULSTER ST. PKWY.

3. Mailing Address

4582 S. ULSTER ST. PKWY.

Suite, Apt. #, etc.

SUITE 1100

Suite, Apt. #, etc.

SUITE 1100

City & State

DENVER

City & State

DENVER

Zip

80237

Country

US

Zip

80237

Country

US

4. FEI Number

52-1864510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

200020778892
06/11/03--01027--012 **12075.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CCEO** ☐ Delete
NAME **CONSIDINE, TERRY**
STREET ADDRESS **TOWER TWO, 2000 COLORADO BLVD., #2-1000**
CITY-ST-ZIP **DENVER CO 80222**

TITLE ☒ Change ☐ Addition
NAME **4582 S. ULSTER ST. PKWY.**
STREET ADDRESS **SUITE 1100**
CITY-ST-ZIP **DENVER, CO 80237**

TITLE **P** ☐ Delete
NAME **KOMPANIEZ, PETER**
STREET ADDRESS **TOWER TWO, 2000 COLORADO BLVD., #2-1000**
CITY-ST-ZIP **DENVER CO 80222**

TITLE ☒ Change ☐ Addition
NAME **4582 S. ULSTER ST. PKWY.**
STREET ADDRESS **SUITE 1100**
CITY-ST-ZIP **DENVER, CO 80237**

TITLE **AS** ☐ Delete
NAME **ASARCH, CHAD**
STREET ADDRESS **TOWER TWO, 2000 COLORADO BLVD., #2-1000**
CITY-ST-ZIP **DENVER CO 80222**

TITLE ☒ Change ☐ Addition
NAME **4582 S. ULSTER ST. PKWY.**
STREET ADDRESS **SUITE 1100**
CITY-ST-ZIP **DENVER, CO 80237**

TITLE **EVC** ☐ Delete
NAME **ALCOCK, HARRY G**
STREET ADDRESS **TOWER TWO, 2000 COLORADO BLVD., #2-1000**
CITY-ST-ZIP **DENVER CO 80222**

TITLE ☒ Change ☐ Addition
NAME **4582 S. ULSTER ST. PKWY.**
STREET ADDRESS **SUITE 1100**
CITY-ST-ZIP **DENVER, CO 80237**

TITLE **EVGS** ☒ Delete
NAME **BONDER, JOEL F**
STREET ADDRESS **TOWER TWO, 2000 COLORADO BLVD., #2-1000**
CITY-ST-ZIP **DENVER CO 80222**

TITLE **EUPS** ☐ Change ☒ Addition
NAME **Cortez, Mikes**
STREET ADDRESS **4582 S. ULSTER ST. PKWY.**
CITY-ST-ZIP **SUITE 1100
DENVER, CO 80237**

TITLE **EVP** ☐ Delete
NAME **FOYE, PATRICK J**
STREET ADDRESS **TOWER TWO, 2000 COLORADO BLVD., #2-1000**
CITY-ST-ZIP **DENVER CO 80222**

TITLE ☒ Change ☐ Addition
NAME **4582 S. ULSTER ST. PKWY.**
STREET ADDRESS **SUITE 1100**
CITY-ST-ZIP **DENVER, CO 80237**

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

CHAD ASARCH, ASST SECRETARY 6/4/03

303-757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)