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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000000379 1. Corporation Name RICHMOND PROPERTIES, INC.			
Principal Place of Business 1415 FOULK RD STE 205 WILMINGTON DE 19803 US		Mailing Address 1415 FOULK RD STE 205 WILMINGTON DE 19803 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent CT 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 CD NAME ROTHMAN, ROBERT STREET ADDRESS 100 N TAMPA ST #3675 CITY-ST-ZIP TAMPA FL 33602 TITLE PCEO NAME PETER R PORRINO STREET ADDRESS ONE LANDMARK SQUARE CITY-ST-ZIP STAMFORD CT 06901 TITLE SVP NAME BEALE, CHARLES L STREET ADDRESS ONE LANDMARK SQUARE CITY-ST-ZIP STAMFORD CT 06901 TITLE VPS NAME VOSS, DEANNA STREET ADDRESS 1415 FOULK RD STE 205 CITY-ST-ZIP TAMPA FL TITLE EVPO NAME MAK R SARLITTO STREET ADDRESS ONE LANDMARK SQ CITY-ST-ZIP STAMFORD CT 06901 TITLE VPT NAME JOHN R GARTHWAITE STREET ADDRESS 100 N TAMPA ST CITY-ST-ZIP TAMPA FL 33602			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE CIP/CEO/D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE EVP/D 2.2 NAME Buchanan, Kim P. 2.3 STREET ADDRESS 100 N. Tampa Street, Suite 3675 2.4 CITY-ST-ZIP Tampa, FL 33602 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 100 N. Tampa Street, Suite 3675 3.4 CITY-ST-ZIP Tampa, FL 33602 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Wilmington, DE 19803 5.1 TITLE VP 5.2 NAME Scaglione, Leonard 5.3 STREET ADDRESS 1245 Deer Valley Drive, Suite 3B 5.4 CITY-ST-ZIP Park City, UT 84060 6.1 TITLE SUP/T 6.2 NAME 6.3 STREET ADDRESS 100 N. Tampa Street, Suite 3675 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, with all other like empowered.

SIGNATURE:

Deanna Voss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 302/477-5979
Date Daytime Phone #

CR2E034 (11/98)