

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000003317 (4)**

1. Corporation Name
SECURITY CAPITAL ATLANTIC MULTIFAMILY INCORPORATED



Principal Place of Business: **125 LINCOLN AVE. SANTA FE NM 87501**

Mailing Address: **7777 MARKET CENTER AVE. EL PASO TE 79912 US**

3. Date Incorporated or Qualified: **06/23/1994**

3a. Date of Last Report: **03/06/1995**

4. FEI Number: **APPLIED FOR 74-2709914**

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)

2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): **1201 Hays Street, Suite 105**

83 _____

84 City: **Tallahassee** FL 85 Zip Code: **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCMP	<input type="checkbox"/> DELETE
NAME	POTTS, JAMES C	
STREET ADDRESS	SIX PIEDMONT CENTER, SUITE 600	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BALL, DOUGLAS K	
STREET ADDRESS	125 LINCOLN AVE.	
CITY-ST-ZIP	SANTA FE NM 87501	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SZUREK, PAUL E	
STREET ADDRESS	125 LINCOLN AVE.	
CITY-ST-ZIP	SANTA FE NM 87501	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARROWS, RAYMOND D	
STREET ADDRESS	SIX PIEDMONT CENTER, SUITE 600	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLMES, NED S	
STREET ADDRESS	125 LINCOLN AVE.	
CITY-ST-ZIP	SANTA FE NM 87501	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNO, ANTHONY R	
STREET ADDRESS	125 LINCOLN AVE.	
CITY-ST-ZIP	SANTA FE NM 87501	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Potts, James C.	
13 STREET ADDRESS	Six Piedmont Center, Suite 600	
14 CITY-ST-ZIP	Atlanta, GA 30305	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Holmes, Ned S.	
53 STREET ADDRESS	55 Waugh Drive, Suite 1111	
54 CITY-ST-ZIP	Houston, TX 77007-9998	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Manno, Anthony R.	
63 STREET ADDRESS	11 S. LaSalle Street, 2nd Floor	
64 CITY-ST-ZIP	Chicago, IL 60603	

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: *William Kell* *William Kell* **4/19/95** **915-877-3500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

Secyurity Capital Atlantic Multifamily Incorporated
Florida Annual Report
Additional List of Officers & Directors

Doc. #: F94000003317 (4)
FEIN: 74-2709914

<u>Title</u>	<u>Name</u>	<u>Address</u>
C	Moore, Constance B.	Six Piedmont Center, #600 Atlanta, GA 30305
V	Freeman, J. Lindsay	Six Piedmont Center, #600 Atlanta, GA 30305
V	Kell, William	7777 Market Center Avenue El Paso, TX 79912
V	Schumacher, Ann	7777 Market Center Avenue El Paso, TX 79912
V	Campbell, Richard O.	Six Piedmont Center, #600 Atlanta, GA 30305
V	Conroe, Mark G.	125 Lincoln Avenue Santa Fe, NM 87501
S	Klopf, Jeffrey A.	125 Lincoln Avenue Santa Fe, NM 87501