

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90138 044 \*\*\*150.00

**DOCUMENT # F94000003317**

1. Corporation Name

**SECURITY CAPITAL ATLANTIC MULTIFAMILY INCORPORATED**

Principal Place of Business

**6 PIEDMONT CTR  
600  
ATLANTA GA 30305  
US**

Mailing Address

**7777 MARKET CENTER AVE.  
EL PASO TE 79912  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/23/1994**

4. FEI Number

**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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 7670 S. Chester Street**

Suite, Apt. #, etc.

**22 Suite 100**

City & State

**23 Englewood, CO**

Zip

**24 80112**

Country

**25 USA**

2a. Mailing Address

**26 C/O Archstone Tax Dept.**

Suite, Apt. #, etc.

**27 7777 Market Center Avenue**

City & State

**28 El Paso, TX**

Zip

**29 79912**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 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 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CCOD  
POTTS, JAMES C  
SIX PIEDMONT CENTER, SUITE 600  
ATLANTA GA 30305**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
KELL, WILLIAM  
777 MARKET CENTER AVENUE  
EL PASO TX 79912**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOLMES, NED S  
55 WAUGH DR SUITE 1111  
HOUSTON TX**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CCOD  
MOORE, CONSTANCE D.  
SIX PIEDMONT CENTER, SUITE 600  
ATLANTA GA 30305**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
FREEMAN, J LIDSAY  
SIX PIEDMONT CENTER, SUITE 600  
ATLANTA GA 30305**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MILLER, BRADLEY C  
SIX PIEDMONT CENTER, SUITE 600  
ATLANTA GA 30305**

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**C/D/CEO  
Sellers, R. Scot  
7670 S. Chester Street, Suite 100  
Englewood, CO 80112**

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**SV/T  
Kell, William  
7777 Market Center Avenue  
El Paso, TX 79912**

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
**M/D/COO  
Whelan, Patrick R.  
7670 S. Chester Street, Suite 100  
Englewood, CO 80112**

☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
**SV/CFO  
Mueller Jr., Charles E.  
7670 S. Chester Street, Suite 100  
Englewood, CO 80112**

☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
**M/D  
Freeman, J. Lindsay  
Six Piedmont Center, Suite 600  
Atlanta, GA 30305**

☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
**SV/S  
Klopf, Jeffrey A.  
125 Lincoln Avenue  
Santa Fe, NM 87501**

☐ Change ☒ Addition

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/99**  
Date

**915/877-1773**  
Daytime Phone #

CR2E034 (11/98)

Security Capital Atlantic Multifamily Incorporated  
Florida Profit Corporation Annual Report  
Additional List of Officers

Doc. #: F94000003317

FEIN: 74-2709914

401283-90138-44

<u>Title</u>	<u>Name</u>	<u>Address</u>
SV	Brown, Neil T.	Six Piedmont Center, Suite 600 Atlanta, GA 30305
SV	Nolan, Christopher T.	Six Piedmont Center, Suite 600 Atlanta, GA 30305
SV	Lester, Mary Caperton	Six Piedmont Center, Suite 600 Atlanta, GA 30305
V	Snider, L. Douglas	Six Piedmont Center, Suite 600 Atlanta, GA 30305
V/AS	Berman, Michael R.	7670 S. Chester Street, Suite 100 Englewood, CO 80112
AS	Marker, Lucinda G.	125 Lincoln Avenue Santa Fe, NM 87501
V/AS	Wainwright, Candice T.	Six Piedmont Center, Suite 600 Atlanta, GA 30305