## '2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F94000004077 1. Entity Name MID-AMERICA APARTMENT COMMUNITIES, INC. Mailing Address Principal Place of Business 6584 POPLAR AVE. 6584 POPLAR AVE. SUITE 340 SUITE 340 MEMPHIS TN 38138 MEMPHIS TN 38138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

C T CORPORATION SYSTEM

9. This corporation is eligible to satisfy its Intangible

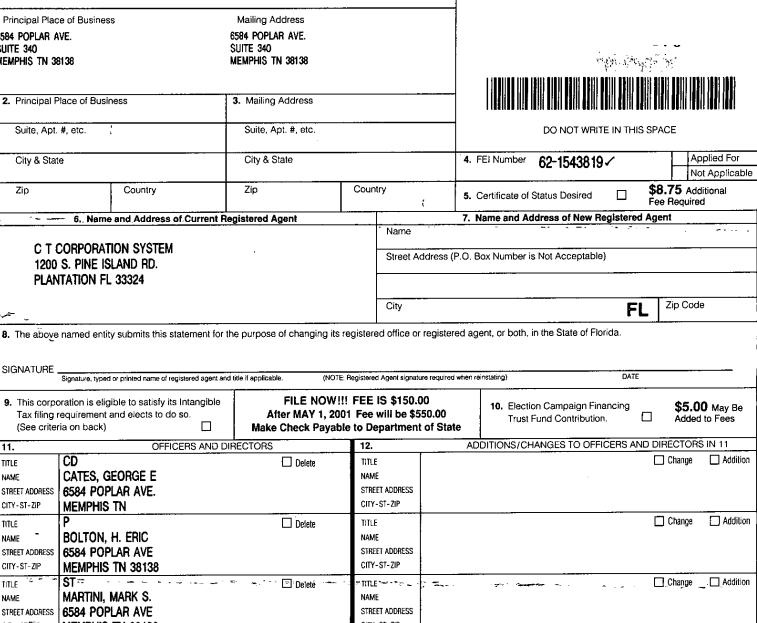
Tax filing requirement and elects to do so.

(See criteria on back)

1200 S. PINE ISLAND RD. PLANTATION FL 33324

## Apr 19, 2001 8:00 am Secretary of State

4-19-2001 90039 024 \*\*\*150.00



CATES, GEORGE E NAME 6584 POPLAR AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN TITLE ☐ Delete TITLE BOLTON, H. ERIC NAME NAME 6584 POPLAR AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MEMPHIS TN 38138 TITLE ----TITLE Defete MARTINI, MARK S. NAME NAME 6584 POPLAR AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP MEMPHIS TN 38138 ☐ Addition ☐ Change □ Delete TITLE WADSWORTH, SIMON R.C. NAME NAME 6584 POPLAR AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MEMPHIS TN 38138 Change Addition Delete TITLE HAWKINS, O. MASON NAME NAME 6584 POPLAR AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MEMPHIS TN 38138 ☐ Change ☐ Addition TITLE ☐ Delete TITLE HORN, RALPH NAME NAME STREET ADDRESS 6584 POPLAR AVE. STREET ADDRESS MEMPHIS TN CITY-ST-ZIP CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

12.

Name

City

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

SIGNATURE:

Zip

SIGNATURE

11.

TITI F

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR