

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004077

FILED  
Feb 11, 2004  
Secretary of State

Entity Name: MID-AMERICA APARTMENT COMMUNITIES, INC.

**Current Principal Place of Business:**

6584 POPLAR AVE.  
SUITE 300  
MEMPHIS, TN 38138

**New Principal Place of Business:**

**Current Mailing Address:**

6584 POPLAR AVE.  
SUITE 300  
MEMPHIS, TN 38138

**New Mailing Address:**

FEI Number: 62-1543819      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CATES, GEORGE E  
Address: 6584 POPLAR AVE. STE 300  
City-St-Zip: MEMPHIS, TN 38138

Title: CPD ( ) Delete  
Name: BOLTON, H. ERIC  
Address: 6584 POPLAR AVE STE 300  
City-St-Zip: MEMPHIS, TN 38138

Title: S ( ) Delete  
Name: WOLFGANG, LESLIE  
Address: 6584 POPLAR AVE STE 300  
City-St-Zip: MEMPHIS, TN 38138

Title: VD ( ) Delete  
Name: WADSWORTH, SIMON R.C.  
Address: 6584 POPLAR AVE. STE 300  
City-St-Zip: MEMPHIS, TN 38138

Title: D ( ) Delete  
Name: GRAF, ALAN  
Address: 6584 POPLAR AVE. STE 300  
City-St-Zip: MEMPHIS, TN 38138

Title: D ( ) Delete  
Name: HORN, RALPH  
Address: 6584 POPLAR AVE. STE 300  
City-St-Zip: MEMPHIS, TN 38138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE WOLFGANG

S

02/11/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date