2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# F94000004077

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:

ATTN: ACCOUNTS PAYABLE DEPARTMENT
6584 POPLAR AVENUE, 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: O ( ) Delete
Name: FIELDS, MARGARET C
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: O (X) Change ( ) Addition
Name: ZOCCOLA, MARGARET C
Address: 6584 POPLAR AVE STE 300
City-St-Zip: MEMPHIS, TN 38138

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 exemption stated in Chapter 119, 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: MARGARET ZOCCOLA OFFI 04/21/2008

Electronic Signature of Signing Officer or Director — Date