

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
DOCUMENT # F94000004897		
1. Corporation Name PRIME MFP RESIDENTIAL, INC.		

Principal Place of Business 77 WEST WACKER DRIVE - SUITE 4040 CHICAGO IL 60601-1690	Mailing Address 77 WEST WACKER DRIVE - SUITE 4040 CHICAGO IL 60601-1690
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2. Principal Place of Business 21 1873 S Bellaire St Suite, Apt. #, etc. 22 Suite 1700 City & State 23 Denver, CO Zip 24 80222 Country 25 US	2a. Mailing Address 26 1873 S Bellaire St Suite, Apt. #, etc. 27 Suite 1700 City & State 28 Denver, CO Zip 29 80222 Country 30 US
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9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/21/1994

4. FEI Number
36-3970981

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent

800002871808-0
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 date if available

(NOTE: Registered Agent Signature is required when changing agent.)

(Date)

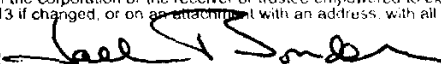
12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	RESCHKE, MICHAEL M.	
STREET ADDRESS	77 WEST WACKER DR STE 4040	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VCFO	☒ DELETE
NAME	SOORSH, TOM	
STREET ADDRESS	77 WEST WACKER DRIVE - SUITE 4040	
CITY-ST-ZIP	CHICAGO IL 60601-1690	
TITLE	VD	☒ DELETE
NAME	GLICKMAN, DAVID M	
STREET ADDRESS	77 WEST WACKER DRIVE - STE 4040	
CITY-ST-ZIP	CHICAGO IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	☐ Change ☒ Addition
12 NAME	Peter K. Kompaniez	
13 STREET ADDRESS	1873 S Bellaire St, Ste 1700	
14 CITY-ST-ZIP	Denver, CO 80222	
21 TITLE	V	☐ Change ☒ Addition
22 NAME	Patrick J. Foye	
23 STREET ADDRESS	1873 S Bellaire St, Ste 1700	
24 CITY-ST-ZIP	Denver, CO 80222	
31 TITLE	S	☐ Change ☒ Addition
32 NAME	Joel F. Bonder	
33 STREET ADDRESS	1873 S Bellaire St, Ste 1700	
34 CITY-ST-ZIP	Denver, CO 80222	
41 TITLE	T	☐ Change ☒ Addition
42 NAME	Terry Considine	
43 STREET ADDRESS	1873 S Bellaire St, Ste 1700	
44 CITY-ST-ZIP	Denver, CO 80222	
51 TITLE	T	☐ Change ☒ Addition
52 NAME	Patricia K. Heath	
53 STREET ADDRESS	1873 S Bellaire St, Ste 1700	
54 CITY-ST-ZIP	Denver, CO 80222	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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. **Joel F. Bonder, Secretary**

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-99

(303)757-8101

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CR2E034 (11/98)



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ACCOUNT NO. : 072100000032
REFERENCE : 233035 5124005
AUTHORIZATION : *Patricia Papp*
COST LIMIT : \$ 150.00

ORDER DATE : May 7, 1999
ORDER TIME : 2:40 PM
ORDER NO. : 233035-030
CUSTOMER NO: 5124005
CUSTOMER: Leslie E. Oblas, Paralegal
Aimco
1873 South Bellaire Street
17th Floor
Denver, CO 80222-4348

ANNUAL REPORT FILING

NAME: PRIME MFP RESIDENTIAL, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA ODOM

EXAMINER'S INITIALS: _____

59 MAY 11 12 3 23