

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F95000003110

1. Corporation Name
IH (DELAWARE), INC.

Principal Place of Business
ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC 29601
US

Mailing Address
PO BOX 1089
GREENVILLE SC 29602

FILED

99 SEP 14 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1995

4. FEI Number

57-0995946

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.

☐ Yes

☒ No

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 USA

2a. Mailing Address
26 1873 S. Bellaire St.

Suite, Apt. #, etc.
27 Suite 1700

City & State
28 Denver, CO

Zip
29 80222

Country
30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

83

84 City
Tallahassee

FL

85 Zip Code
32301

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 *Deborah D. Skipper*

Deborah D. Skipper

9-14-99

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

(NOTE: Registered Agent Signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
VINSON, CARROLL D
ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JARRARD, WILLIAM H JR.
ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LEBEY, DANIEL
ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
BUECHLER, KELLEY M
ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCAO
LONG, ROBERT D.
ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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
Terry Considine
1873 S. Bellaire St., Ste. 1700
Denver, CO 80222 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
P/D
Peter Kompaniez
1873 S. Bellaire St., Ste. 1700
Denver, CO 80222 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
V/S
Joel Bonder
1873 S. Bellaire St., Ste 1700
Denver, CO 80222 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
V/T
Patricia Heath
1873 S. Bellaire St., Ste 1700
Denver, CO 80222 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition
1.00002989271--7
-09/17/99--01002--018
***550.00 ***550.00

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition
SP

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.

SIGNATURE: *Joel Bonder* Joel Bonder, Secretary

9-13-99

(303) 757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

011603

CR2E034 (5/99)