

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000003889 (1)

1. Corporation Name

ATRIUM APARTMENTS, INC.



Principal Place of Business

Mailing Address

C/O THE RELATED COMPANIES, L.P.  
625 MADISON AVE.  
NEW YORK NY

C/O THE RELATED COMPANIES, L.P.  
625 MADISON AVE.  
NEW YORK NY

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1,300 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/11/1995

3a. Date of Last Report

4. FEI Number

APPLIED FOR

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

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 street address

(NOTE: Registered Agent signature required for initial filings)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS                        | CITY - ST - ZIP   | DELETE                   |
|-------|---------------------|---------------------------------------|-------------------|--------------------------|
| PD    | MARRON, EDWARD W JR | 625 MADISON AVE., 9TH FLOOR           | NEW YORK NY 10022 | <input type="checkbox"/> |
| V     | LEVINE, DAVID       | 625 MADISON AVE., 9TH FLOOR           | NEW YORK NY 10022 | <input type="checkbox"/> |
| S     | SOLOKOVIC, JOHN     | 625 MADISON AVE., 9TH FLOOR           | NEW YORK NY 10022 | <input type="checkbox"/> |
| D     | AUGENBLICK, ANDREW  | 625 MADISON AVE., 9TH FLOOR           | NEW YORK NY 10022 | <input type="checkbox"/> |
| D     | BOWERS, BRYAN       | ONE CHASE MANHATTAN PLAZA, 44TH FLOOR | NEW YORK NY 10005 | <input type="checkbox"/> |
| D     | LOVESTAD, H S       | ONE CHASE MANHATTAN PLAZA, 44TH FLOOR | NEW YORK NY 10005 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                              | Addition                 |
|-----------|----------|--------------------|---------------------|-------------------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |

Sokolovic, John

900001736369  
-03/07/96--01107--005  
\*\*\*200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)