

0645447

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

FILED

93 APR 30 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1996

4. FET Number

52-1962561

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 Tax

[] Yes [X] No

10. Name and Address of New Registered Agent

DOCUMENT # F96000000291

1. Corporation Name

NHP-HDV SIX, INC.

Principal Place of Business

1225 EYE ST NW, STE 200
WASHINGTON DC 20005
US

Mailing Address

1225 EYE ST NW, STE 200
WASHINGTON DC 20005
US

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET

TALLAHASSEE FL 32301

81 Name

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

83

84 City

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 title if applicable

(NOTE: Registered Agent signature is required when changing office or agent)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	CEO	[] DELETE
NAME	TERRY CONSIDINE	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	
CITY-STATE-ZIP	DENVER CO 80222	
TITLE	VP	[] DELETE
NAME	STEVEN D IRA	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	
CITY-STATE-ZIP	DENVER CO 80222	
TITLE	VP	[] DELETE
NAME	THOMAS W TOOMEY	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	
CITY-STATE-ZIP	DENVER CO 80222	
TITLE	VP	[] DELETE
NAME	DAVID L WILLIAMS	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	
CITY-STATE-ZIP	DENVER CO 80222	
TITLE	VP	[] DELETE
NAME	HARRY G ALCOCK	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	
CITY-STATE-ZIP	DENVER CO 80222	
TITLE	VP	[] DELETE
NAME	PATRICIA K HEATH	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	
CITY-STATE-ZIP	DENVER CO 80222	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	S	[] Change [X] Addition
15 NAME	Joel F. Bonder	
16 STREET ADDRESS	1873 S Bellaire St, Ste 1700	
17 CITY-STATE-ZIP	Denver, CO 80222	
21 TITLE		[] Change [] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		[] Change [] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		[] Change [] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		[] Change [] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		[] Change [] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

400002859534--2

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 697, 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

(303)757-8101

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-99

Date

Signature From: R

CR2E034 (11/98)