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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F9600006671 (9)

THE PARK AT COUNTRYSIDE OPERATING COMPANY Principal Place of Business Mailing Address 1004 FARNAM ST 1004 FARNAM ST OMAHA NE 68102-1885 OMAHA NE 68102 3. Date Incorporated or Qualified Sa. Date of Last Report 12/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For APPLIED FOR Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No 25 29 30 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM -1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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 (NOTE: Registered Agent a gnature required when reinstating) Signature typical or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Addition PD DELETE 1.1 TITLE Change DILE NAME GREGO, JOSEPH N 1.2 NAME 399 PARK AVE, 19TH FLOOR 13 STREET ADDRESS STREET ADORESS **NEW YORK NY 10022** 1.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition Tille 2.1 TITLE PUTNAM, RANDAL NAME 2.2 NAME 1850 FARNAM ST STREET ADDRESS 2.3 STREET ADDRESS **OMAHA NE 68102** 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TOLE 3.1 TITLE THESING, MICHAEL 3.2 NAME 1004 FARNAM ST 3.3 STREET ADORESS STREET ADDRESS **OMAHA NE 68102** 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THE MAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CHY-\$1-20P DELETE Change Addition 5.1 TITLE NAM: 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CHTY-ST-7P 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE 600002186536 NAME 6.2 NAME -05/21/97--01056--008 **63 STREET ADDRESS**

SIGNATURE:

STREET ADDRESS

14. If do hereby certify that the information supplied with this filting 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.

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FILED

May 09 1997 8:00am

Secretary of State