

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 # FA7000001937			
1. Corporation Name SF GENERAL, INC.			
Principal Place of Business 55 BEATTIE PLACE GREENVILLE SC 29602		Mailing Address P O BOX 1089 GREENVILLE SC 29602	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 03/27/1997	
21	2a. Mailing Address	4. FEI Number 56-2068078	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	7. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country		
26	City & State		
27	Zip		
28	Country		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name The Prentice Hall Corp System, Inc.	
		82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
		83	
		84 City Tallahassee	
		85 Zip Code FL 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 <i>Maurice Cullen</i>		Asst. V.P. <i>4/28/99</i>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven D. Ira	12 NAME	
STREET ADDRESS	1873 So Bellaire St 17th Flr	13 STREET ADDRESS	
CITY - ST - ZIP	Denver CO 80222-4300	14 CITY - ST - ZIP	
TITLE	EVP/Legal Counsel/Sec <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joel F. Bonder	22 NAME	
STREET ADDRESS	1873 So Bellaire St 17th Flr	23 STREET ADDRESS	
CITY - ST - ZIP	Denver CO 80222-4300	24 CITY - ST - ZIP	
TITLE	SVP - Controller <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martha L. Long	32 NAME	
STREET ADDRESS	55 Beattie Place	33 STREET ADDRESS	
CITY - ST - ZIP	Greenville SC 29602	34 CITY - ST - ZIP	
TITLE	VP and Treasurer <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia K. Heath	42 NAME	
STREET ADDRESS	1873 So Bellaire St 17th Flr	43 STREET ADDRESS	
CITY - ST - ZIP	Denver CO 80222-4300	44 CITY - ST - ZIP	
TITLE	EVP-Finance & Admin <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas W. Toomey	52 NAME	
STREET ADDRESS	1873 So Bellaire St 17th Flr	53 STREET ADDRESS	
CITY - ST - ZIP	Denver CO 80222-4300	54 CITY - ST - ZIP	
TITLE	SVP - Property Oper. <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Mathes	62 NAME	
STREET ADDRESS	55 Beattie Place	63 STREET ADDRESS	
CITY - ST - ZIP	Greenville, SC 29602	64 CITY - ST - ZIP	5/10/99 90269 049 150.00

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, with all other like empowered

SIGNATURE: *Martha L. Long* MARTHA L. LONG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(864) 239-1000
Daytime Phone #