

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 # F97000005365

1. Corporation Name

SCA FLORIDA HOLDINGS (2) INCORPORATED

Principal Place of Business

SIX PIEDMONT CENTER
SUITE 600
ATLANTA GA 30305
US

Mailing Address

7777 MARKET CENTER AVENUE
EL PASO TX 79912
US

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90138 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1997

4. FEI Number

74-2846442

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 ☐ No

2. Principal Place of Business

21 7670 S. Chester Street

Suite, Apt. #, etc.
22 Suite 100

City & State
23 Englewood, CO

Zip Country
24 80112 25 USA

2a. Mailing Address

26 C/O Archstone Tax Dept.

Suite, Apt. #, etc.

27 7777 Market Center Avenue

City & State
28 El Paso, TX

Zip Country
29 79912 30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCOD ☒ DELETE
NAME MOORE, CONSTANCE B
STREET ADDRESS SIX PIEDMONT CENTER, STE. 600
CITY-ST-ZIP ATLANTA GA 30305

TITLE DCCO ☒ DELETE
NAME POTTS, JAMES C
STREET ADDRESS SIX PIEDMONT CENTER, STE. 600
CITY-ST-ZIP ATLANTA GA 30305

TITLE VD ☐ DELETE
NAME FREEMAN, J. LINDSAY
STREET ADDRESS SIX PIEDMONT CENTER, STE. 600
CITY-ST-ZIP ATLANTA GA 30305

TITLE VT ☐ DELETE
NAME KELL, WILLIAM
STREET ADDRESS 7777 MARKET CENTER AVENUE
CITY-ST-ZIP EL PASO TX 79912

TITLE VS ☐ DELETE
NAME KLOPF, JEFFREY A
STREET ADDRESS 125 LINCOLN AVE.
CITY-ST-ZIP SANTA FE NM 87501

TITLE V ☒ DELETE
NAME MILLER, BRADLEY C
STREET ADDRESS SIX PIEDMONT CENTER, STE. 600
CITY-ST-ZIP ATLANTA GA 30305

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/C/CEO ☐ Change ☒ Addition
1.2 NAME Sellers, R. Scot
1.3 STREET ADDRESS 7670 S. Chester Street, Suite 100
1.4 CITY-ST-ZIP Englewood, CO 80112

2.1 TITLE D/M/COO ☐ Change ☒ Addition
2.2 NAME Whelan, Patrick R.
2.3 STREET ADDRESS 7670 S. Chester Street, Suite 100
2.4 CITY-ST-ZIP Englewood, CO 80112

3.1 TITLE M/D ☒ Change ☐ Addition
3.2 NAME Freeman, J. Lindsay
3.3 STREET ADDRESS Six Piedmont Center, Suite 600
3.4 CITY-ST-ZIP Atlanta, GA 30305

4.1 TITLE SV/T ☒ Change ☐ Addition
4.2 NAME Kell, William
4.3 STREET ADDRESS 7777 Market Center Avenue
4.4 CITY-ST-ZIP El Paso, TX 79912

5.1 TITLE SV/S ☒ Change ☐ Addition
5.2 NAME Klopff, Jeffrey A.
5.3 STREET ADDRESS 125 Lincoln Avenue
5.4 CITY-ST-ZIP Santa Fe, NM 87501

6.1 TITLE SV/CFO ☐ Change ☒ Addition
6.2 NAME Mueller Jr., Charles E.
6.3 STREET ADDRESS 7670 S. Chester Street, Suite 100
6.4 CITY-ST-ZIP Englewood, CO 80112

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

SCA-Florida Holdings (2) Incorporated
Florida Profit Corporation Annual Report
Additional List of Officers

Doc. #: F97000005365

EIN #: 74-2846442

401269-90138-3

<u>Titles</u>	<u>Name</u>	<u>Address</u>
SV	Brown, Neil T.	Six Piedmont Center, Suite 600 Atlanta, GA 30305
SV	Nolan, Christopher T.	Six Piedmont Center, Suite 600 Atlanta, GA 30305
SV	Rand, Glenn T.	Six Piedmont Center, Suite 600 Atlanta, GA 30305
V	Snider, L. Douglas	Six Piedmont Center, Suite 600 Atlanta, GA 30305
AS	Marker, Lucinda G.	125 Lincoln Avenue Santa Fe, NM 87501
V/AS	Wainwright, Candice T.	Six Piedmont Center, Suite 600 Atlanta, GA 30305