SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

*PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
96 JUN 17 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G90789 (0)

1. Corporation Name

NPI PROPERTY MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
5665 NORTHSIDE DR NW SUITE 370 ATLANTA GA 30328-2850	5665 NORTHSIDE DR NW SUITE 370 ATLANTA GA 30328-2850

3. Date Incorporated or Qualified: 02/09/1984
3a. Date of Last Report: 06/27/1995
4. FEI Number: 59-2405700 — 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

2. Principal Place of Business	2a. Mailing Address
21 One Insignia Financial Plaza	26
Suite, Apt #, etc. 22 Corp. Accounting	Suite, Apt #, etc. 27
City & State 23 Greenville SC	City & State 28
Zip 24 29602 — Country 25 USA	Zip 29 — Country 30

9. **Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — 85 Zip Code

300001864023
-06/17/96--01049--014
****225.00 ****225.00
FL

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSTD	☑ DELETE	1 1 TITLE	Director/President	☐ Change ☑ Addition
NAME	QUELER, ARTHUR N.		1 2 NAME	Thomas R Shuler	
STREET ADDRESS	5665 NORTHSIDE DR., NW, STE 370		1 3 STREET ADDRESS	One Insignia Financial Plaza	
CITY-ST-ZIP	ATLANTA GA		1 4 CITY-ST-ZIP	Greenville SC 29602	
TITLE	CD	☑ DELETE	2 1 TITLE	V.P.-Secretary	☐ Change ☑ Addition
NAME	ASHNER, MICHAEL L		2 2 NAME	John K. Lines	
STREET ADDRESS	100 JERICHO QUADRANGLE, STE 214		2 3 STREET ADDRESS	One Insignia Financial Plaza	
CITY-ST-ZIP	JERICHO NY		2 4 CITY-ST-ZIP	Greenville SC 29602	
TITLE	P	☑ DELETE	3 1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	HAMILTON, WILLIAM, B		3 2 NAME	Ronald Uretta	
STREET ADDRESS	5665 NORTHSIDE DR., NW, STE 370		3 3 STREET ADDRESS	One Insignia Financial Plaza	
CITY-ST-ZIP	ATLANT GA		3 4 CITY-ST-ZIP	Greenville SC 29602	
TITLE	V	☑ DELETE	4 1 TITLE	Controller	☐ Change ☑ Addition
NAME	LIFTON, STEVEN		4 2 NAME	Martha Long	
STREET ADDRESS	100 JERICHO QUADRANGLE, SUITE 214		4 3 STREET ADDRESS	One Insignia Financial Plaza	
CITY-ST-ZIP	JERICHO NY		4 4 CITY-ST-ZIP	Greenville SC 29602	
TITLE	D	☑ DELETE	5 1 TITLE	Assistant Secretary	☐ Change ☑ Addition
NAME	LIFTON, MARTIN		5 2 NAME	Kelley Buechler	
STREET ADDRESS	100 JERICHO QUADRANGLE, STE 214		5 3 STREET ADDRESS	One Insignia Financial Plaza	
CITY-ST-ZIP	JERICHO NY		5 4 CITY-ST-ZIP	Greenville SC 29602	
TITLE	VD	☑ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME	LIFTON, BRUCE G.		6 2 NAME		
STREET ADDRESS	5665 NORHTSIDE DRIVE, NW, SUITE 370		6 3 STREET ADDRESS		
CITY-ST-ZIP	JERICHO NY		6 4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 6/13/96 — Daytime Phone # 864-239-[illegible]