

DOCUMENT # G90789			
1. Entity Name			
NPI PROPERTY MANAGEMENT CORPORATION			
Principal Place of Business		Mailing Address	
55 BEATTIE PLACE GREENVILLE SC 29602 US		PO BOX 1089 GREENVILLE SC 29602-1089	
2. Principal Place of Business		3. Mailing Address	
2000 S. Colorado Blvd.		2000 South Colorado Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Tower Two, Suite 2-1000		Tower Two, Suite 2-1000	
City & State		City & State	
Denver, CO		Denver, CO	
Zip	Country	Zip	Country
80222	USA	80222	USA
6. Name and Address of Current Registered Agent			
THE PRENTICE HALL CORP SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301-2525			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS		12.	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	EVP /
NAME	IRA, STEVEN D	NAME	Patr
STREET ADDRESS	1873 SO BELLAIRE ST., 17TH FLR	STREET ADDRESS	2000
CITY-ST-ZIP	DENVER CO 80222-4300	CITY-ST-ZIP	Denv
TITLE	EVLS <input type="checkbox"/> Delete	TITLE	EVP /
NAME	BONDER, JOEL F	NAME	200
STREET ADDRESS	1873 SO BELLAIRE ST., 17TH FLR	STREET ADDRESS	Denv
CITY-ST-ZIP	DENVER CO 80222-4300	CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> Delete	TITLE	
NAME	HEATH, PATRICIA K	NAME	200
STREET ADDRESS	1873 SO BELLAIRE ST., 17TH FLR	STREET ADDRESS	Denv
CITY-ST-ZIP	DENVER CO 80222-4300	CITY-ST-ZIP	
TITLE	EVFA <input type="checkbox"/> Delete	TITLE	Pre
NAME	TOOMEY, THOMAS W	NAME	200
STREET ADDRESS	1873 SO BELLAIRE ST., 17TH FLR	STREET ADDRESS	Denv
CITY-ST-ZIP	DENVER CO 80222-4300	CITY-ST-ZIP	
TITLE	SVPC <input checked="" type="checkbox"/> Delete	TITLE	
NAME	LONG, MARTHA L	NAME	
STREET ADDRESS	55 BEATTIE PLACE	STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29602	CITY-ST-ZIP	
TITLE	SVPO <input checked="" type="checkbox"/> Delete	TITLE	
NAME	MATHES, JAMES	NAME	
STREET ADDRESS	55 BEATTIE PLACE	STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29602	CITY-ST-ZIP	

04-27-2000 90096 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Lower Two, Suite 2-1000		Lower Two, Suite 2-1000		4. FEI Number <b>59-2405700</b>		Applied For
City & State <b>Denver, CO</b>		City & State <b>Denver, CO</b>				Not Applicable
Zip <b>80222</b>	Country <b>USA</b>	Zip <b>80222</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
<b>THE PRENTICE HALL CORP SYSTEM, INC.</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301-2525</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	<b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be Added to Fees</p>
--	--	--	---

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRA, STEVEN D 1873 SO BELLAIRE ST., 17TH FLR DENVER CO 80222-4300	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/Director Patrick J. Foye 2000 S. Colo. Blvd., Tower Two, #2-1000 Denver, CO 80222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVLS BONDER, JOEL F 1873 SO BELLAIRE ST., 17TH FLR DENVER CO 80222-4300	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/Secretary 2000 S. Colo. Blvd., Tower Two, #2-1000 Denver, CO 80222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HEATH, PATRICIA K 1873 SO BELLAIRE ST., 17TH FLR DENVER CO 80222-4300	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2000 S. Colo. Blvd., Tower Two, #2-1000 Denver, CO 80222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVFA TOOMEY, THOMAS W 1873 SO BELLAIRE ST., 17TH FLR DENVER CO 80222-4300	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director 2000 S. Colo. Blvd., Tower Two, #2-1000 Denver, CO 80222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC LONG, MARTHA L 55 BEATTIE PLACE GREENVILLE SC 29602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPO MATHES, JAMES 55 BEATTIE PLACE GREENVILLE SC 29602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** By Paul Bonder Paul Bonder, EVP/Secretary 4-20-00 (303) 757-8101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (9/99)