FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01727** **(7)**

1. Corporation Name
DAVIDSON DIVERSIFIED PROPERTIES, INC.

Principal Place of Business	Mailing Address
ONE INSIGNIA FINANCIAL PLAZA P.O. BOX 1089 GREENVILLE SC 29601 US	P.O. BOX 1089 GREENVILLE SC 29602 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1984**
3a. Date of Last Report: **01/19/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **62-1134277** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PAGE, WILLIAM N ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC Delete	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition VINSON, CARROLL D.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BUECHLER, KELLEY M. ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOLDBERG, JEFFERY L ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC Delete	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V ASTON, JAMES A. ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JARRARD, WILLIAM H JR ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	V. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST URETTA, RONALD ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC Delete	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	S LINES, JOHN K. ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	F HOCKING, SCOTT T ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC Delete	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	CHIEF ACCOUNTING OFFICER/ CONTROLLER LONG, ROBERT D., JR. ☐ Change ☒ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert D. Long, Jr. **Robert D. Long, Jr.** 4/25/95 (803) 239-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CC0818 CP