FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **04/24/1984**

3a. Date of Last Report: **05/01/1995**

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

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

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 Section 607.0502 and 607.1506, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	VINSON, CARROLL D.		2 NAME	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC		4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	BUECHLER, KELLEY M.		6 NAME	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		7 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC		8 CITY-ST-ZIP	
TITLE	V	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	ASTON, JAMES A.		10 NAME	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		11 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC		12 CITY-ST-ZIP	
TITLE	V	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME	JARRARD, WILLIAM H JR		14 NAME	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		15 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC		16 CITY-ST-ZIP	
TITLE	S	☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME	LINES, JOHN K.		18 NAME	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		19 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC		20 CITY-ST-ZIP	
TITLE	CAOC	☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	LONG, ROBERT D. J		22 NAME	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA		23 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC		24 CITY-ST-ZIP	

V/CAO
Long, Robert D., Jr.
One Insignia Financial Plaza
Greenville, SC 29601

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, accurate, complete and that I do 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 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 above or on an attachment with an address.

SIGNATURE: Kelley M. Buechler Asst Sec. 1/22/96 864-239-1000

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

Kelley M. Buechler Asst Sec