

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <span style="font-size: 1.2em;">POS921</span>			
1. Corporation Name <b>SHELTER REALTY V CORPORATION</b>			
Principal Place of Business <b>55 BEATTIE PLACE</b> <b>GREENVILLE SC 29602</b>		Mailing Address <b>P O BOX 1089</b> <b>GREENVILLE SC 29602</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country		3. Date Incorporated or Qualified <b>08-19-81</b> 4. FEI Number <b>57-0702607</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip Country 25 Country		26 Suite, Apt. #, etc 27 City & State 28 Zip Country 29 Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name <b>The Prentice Hall Corp System, Inc.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b> 83 84 City <b>Tallahassee</b>		85 Zip Code <b>FL 32301</b>	
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 <i>M. L. Long</i> Signature typed or printed name of registered agent and title if applicable		DATE <b>4/28/99</b> (NOTE: Registered Agent signature required when reinstating)	
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE <input type="checkbox"/> DELETE <b>President</b> NAME <b>Peter K. Kompaniez</b> STREET ADDRESS <b>1873 So Bellaire St 17th Flr</b> CITY - ST - ZIP <b>Denver CO 80222-4300</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE <b>EVP/Legal Counsel/Sec</b> NAME <b>Joel F. Bonder</b> STREET ADDRESS <b>1873 So Bellaire St 17th Flr</b> CITY - ST - ZIP <b>Denver CO 80222-4300</b>		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE <b>VP and Treasurer</b> NAME <b>Patricia K Heath</b> STREET ADDRESS <b>1873 So Bellaire St 17th Flr</b> CITY - ST - ZIP <b>Denver CO 80222-4300</b>		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE <b>SVP - Controller</b> NAME <b>Martha L Long</b> STREET ADDRESS <b>55 Beattie Place</b> CITY - ST - ZIP <b>Greenville SC 29602</b>		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE <b>Exec Vice President</b> NAME <b>Patrick J Foye</b> STREET ADDRESS <b>1873 So Bellaire St 17th Flr</b> CITY - ST - ZIP <b>Denver CO 80222-4300</b>		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE <b>Exec Vice President</b> NAME <b>Thomas W. Toomey</b> STREET ADDRESS <b>1873 So Bellaire St 17 Flr</b> CITY - ST - ZIP <b>Denver CO 80222-4300</b>		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	

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:** *Martha L. Long* **MARTHA L. LONG** (864) 239-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)