

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P10436 (4)
1. Corporation Name
U.S. REALTY I CORPORATION



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

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

3. Date Incorporated or Qualified 06/13/1986 3a. Date of Last Report 05/01/1995
4. FEI Number 57-0814435 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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|------------------------------|
| TITLE | P | 1.1 TITLE | P/D |
| NAME | JARRARD, WILLIAM H JR. | 1.2 NAME | JARRARD, WILLIAM H. JR. |
| STREET ADDRESS | ONE INSIGNIA FINANCIAL PLAZA | 1.3 STREET ADDRESS | ONE INSIGNIA FINANCIAL PLAZA |
| CITY-ST-ZIP | GREENVILLE SC 29602 | 1.4 CITY-ST-ZIP | GREENVILLE, SC 29602 |
| TITLE | VS | 2.1 TITLE | |
| NAME | LINES, JOHN K | 2.2 NAME | |
| STREET ADDRESS | ONE INSIGNIA FINANCIAL PLAZA | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREENVILLE SC 29602 | 2.4 CITY-ST-ZIP | |
| TITLE | VT | 3.1 TITLE | |
| NAME | URETTA, RON | 3.2 NAME | |
| STREET ADDRESS | ONE INSIGNIA FINANCIAL PLAZA | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREENVILLE SC 29602 | 3.4 CITY-ST-ZIP | |
| TITLE | C | 4.1 TITLE | |
| NAME | LONG, MARTHA | 4.2 NAME | |
| STREET ADDRESS | ONE INSIGNIA FINANCIAL PLAZA | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREENVILLE SC 29602 | 4.4 CITY-ST-ZIP | |
| TITLE | AS | 5.1 TITLE | |
| NAME | BUECHLER, KELLY M | 5.2 NAME | |
| STREET ADDRESS | ONE INSIGNIA FINANCIAL PLAZA | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREENVILLE SC 29602 | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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:

Martha Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA LONG

4/25/96

(864) 239-1141
Date Daytime Phone #

CR2E034 (12/95)