

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P10436</u>			
1. Corporation Name US REALTY I CORPORATION			
Principal Place of Business 55 BEATTIE PLACE GREENVILLE SC 29602		Mailing Address P O BOX 1089 GREENVILLE SC 29602	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 01/12/1986	
21 Suite, Apt #, etc.	2a. Mailing Address	4. FEI Number 57-0814435	Applied For <input type="checkbox"/> Not Applicable
22 City & State	2b. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	2c. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	2d. Zip	7. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name The Prentice Hall Corp System, Inc.		82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
83		84 City Tallahassee	
85 Zip Code FL 32301			
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 <u><i>Maureen Culler</i></u>		DATE <u><i>4/28/99</i></u>	
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	1. President <input type="checkbox"/> DELETE Peter K. Kompaniez 1873 So Bellaire St 17th Flr Denver CO 80222-4300	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2. EVP/Legal Counsel/Sec <input type="checkbox"/> DELETE Joel F. Bonder 1873 So Bellaire St 17th Flr Denver CO 80222-4300	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3. VP and Treasurer <input type="checkbox"/> DELETE Patricia K Heath 1873 So Bellaire St 17th Flr Denver CO 80222-4300	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4. SVP - Controller <input type="checkbox"/> DELETE Martha L Long 55 Beattie Place Greenville SC 29602	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5. Exec Vice President <input type="checkbox"/> DELETE Patrick J Foye 1873 So Bellaire St 17th Flr Denver CO 80222-4300	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6. Exec Vice President <input type="checkbox"/> DELETE Thomas W. Toomey 1873 So Bellaire St 17 Flr Denver CO 80222-4300	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(864) 239-1000
Daytime Phone #