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 MAR -7 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19859** **(8)**

1. Corporation Name

INSIGNIA MORTGAGE AND INVESTMENT COMPANY, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1988
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 57-0858244 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 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 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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	BEAM, JOHN M., JR.	1.2 NAME		
STREET ADDRESS	101 HEATHERBROOK ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP		
TITLE	C	2.1 TITLE	Controller	☑ Change ☐ Addition
NAME	HOCKING, SCOTT T.	2.2 NAME	Martha Long	
STREET ADDRESS	103 SUGAR FIELD CT	2.3 STREET ADDRESS	One Insignia Financial Plaza	
CITY-ST-ZIP	GREER SC	2.4 CITY-ST-ZIP	Greenville, SC 29602	
TITLE	AS	3.1 TITLE		☐ Change ☐ Addition
NAME	BUECHLER, KELLEY M.	3.2 NAME		
STREET ADDRESS	1175 HAYWOOD RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	URETTA, RONALD	4.2 NAME		
STREET ADDRESS	ONE SHELTER PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PAGE, WILLIAM N.	5.2 NAME		
STREET ADDRESS	132 HUMMINGBIRD RIDGE	5.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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)(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.

SIGNATURE: X Martha L Long Martha L Long 2/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0002003 CP