

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P25008 (4)

1. Corporation Name
T. ROWE PRICE REALTY INCOME FUND III MANAGEMENT, INC.



Principal Place of Business
100 EAST PRATT STREET BALTIMORE MD 21202

Mailing Address
100 EAST PRATT STREET BALTIMORE MD 21202

3. Date Incorporated or Qualified
06/26/1989

3a. Date of Last Report
02/17/1995

4. FEI Number
52-1502321

5. Certificate of Status Desired Applied For
\$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

2. Principal Place of Business
 21
 Suite, Apt #, etc.
 22
 City & State
 23
 Zip
 24
 Country
 25

2a. Mailing Address
 26
 Suite, Apt #, etc.
 27
 City & State
 28
 Zip
 29
 Country
 30

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 _____ (NOTE: Registered Agent's signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	RIEPE, JAMES S.	
STREET ADDRESS	100 EAST PRATT STREET	
CITY - ST - ZIP	BALTIMORE MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HICKMAN, DOUGLAS O.	
STREET ADDRESS	100 E. PRATT ST.	
CITY - ST - ZIP	BALTIMORE MD	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	YOUNGER, ALVIN M.	
STREET ADDRESS	100 EAST PRATT STREET	
CITY - ST - ZIP	BALTIMORE MD	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ROBINS, LUCY B.	
STREET ADDRESS	100 EAST PRATT STREET	
CITY - ST - ZIP	BALTIMORE MD	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VIETH, CHARLES E	
STREET ADDRESS	100 EAST PRATT STREET	
CITY - ST - ZIP	BALTIMORE MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOPKINS, HENRY H.	
STREET ADDRESS	100 E. PRATT ST.	
CITY - ST - ZIP	BALTIMORE MD	

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	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	500001889485
43 STREET ADDRESS	-07/10/96--01042--004
44 CITY - ST - ZIP	***1125.00
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	VTD
53 STREET ADDRESS	Croteau, Joseph P.
54 CITY - ST - ZIP	100 East Pratt Street Baltimore, MD 21202
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 C17, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address

SIGNATURE: *Lucy B. Robins* **Lucy B. Robins** **6/18/96** **410-547-2160**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

CR2E034 (3/96)

Handwritten initials/signature