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 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32330** **(3)**

1. Corporation Name
INSIGNIA MANAGEMENT CORPORATION

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/28/1990**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **13-3597183** ☐ 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)
7. 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SHULER, THOMAS R	1.2 NAME	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FARKAS, ANDREW L	2.2 NAME	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PAGE, WILLIAM N	3.2 NAME	
STREET ADDRESS	132 HUMMINGBIRD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	URETTA, RONALD	4.2 NAME	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	BUECHLER, KELLEY M.	5.2 NAME	
STREET ADDRESS	1175 HAYWOOD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	5.4 CITY-ST-ZIP	
TITLE	C	6.1 TITLE	Controller ☑ Change ☐ Addition
NAME	HOCKING, SCOTT T.	6.2 NAME	Martha Long
STREET ADDRESS	103 SUGAR FIELD COURT	6.3 STREET ADDRESS	One Insignia Financial Plaza
CITY-ST-ZIP	GREENVILLE SC	6.4 CITY-ST-ZIP	Greenville SC 29602

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 #)

0002010 CR