

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90138 042 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000024628**

1. Corporation Name  
**SCA-FLORIDA HOLDINGS (I) INCORPORATED**



Principal Place of Business  
**6 PIEDMONT CENTER  
 SUITE 600  
 ATLANTA GA 30305  
 US**

Mailing Address  
**7777 MARKET CENTER AVE.  
 EL PASO TX 79912  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/28/1994**

2. Principal Place of Business  
**21 7670 S. Chester Street**

2a. Mailing Address  
**26 C/O Archstone Tax Dept.**

4. FEI Number  
**74-2718476**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
**22 Suite 100**

Suite, Apt. #, etc.  
**27 7777 Market Center Avenue**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
**23 Englewood, CO**

City & State  
**28 El Paso, TX**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country  
**24 80112 25 USA**

Zip Country  
**29 79912 30 USA**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
 1201 HAYS ST.  
 SUITE 105  
 TALLAHASSEE, FL 32301**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **CCOD POTTS, JAMES C.**  
 STREET ADDRESS **SIX PIEDMONT CENTER, SUITE 600**  
 CITY-ST-ZIP **ATLANTA GA 30305**

1.1 TITLE  Change  Addition  
 C/D/CEO  
 1.2 NAME **Sellers, R. Scot**  
 1.3 STREET ADDRESS **7670 S. Chester Street, Suite 100**  
 1.4 CITY-ST-ZIP **Englewood, CO 80112**

TITLE  DELETE  
 NAME **VT KELL, WILLIAM**  
 STREET ADDRESS **777 MARKET CENTER AVENUE**  
 CITY-ST-ZIP **EL PASO TX 79912**

2.1 TITLE  Change  Addition  
**SV/T**  
 2.2 NAME **Kell, William**  
 2.3 STREET ADDRESS **7777 Market Center Avenue**  
 2.4 CITY-ST-ZIP **El Paso, TX 79912**

TITLE  DELETE  
 NAME **CCOD MOORE, CONSTANCE B.**  
 STREET ADDRESS **SIX PIEDMONT CENTER, SUITE 600**  
 CITY-ST-ZIP **ATLANTA GA 30305**

3.1 TITLE  Change  Addition  
**M/D/COO**  
 3.2 NAME **Whelan, Patrick R.**  
 3.3 STREET ADDRESS **7670 S. Chester Street, Suite 100**  
 3.4 CITY-ST-ZIP **Englewood, CO 80112**

TITLE  DELETE  
 NAME **VD FREEMAN, J LINDSAY**  
 STREET ADDRESS **SIX PIEDMONT CENTER, SUITE 600**  
 CITY-ST-ZIP **ATLANTA GA 30305**

4.1 TITLE  Change  Addition  
**M/D**  
 4.2 NAME **Freeman, J. Lindsay**  
 4.3 STREET ADDRESS **Six Piedmont Center, Suite 600**  
 4.4 CITY-ST-ZIP **Atlanta, GA 30305**

TITLE  DELETE  
 NAME **SV KLOPF, JEFFREY A.**  
 STREET ADDRESS **125 LINCOLN AVE**  
 CITY-ST-ZIP **SANTA FE NM 87501**

5.1 TITLE  Change  Addition  
**SV/S**  
 5.2 NAME **Klopf, Jeffrey A.**  
 5.3 STREET ADDRESS **125 Lincoln Avenue**  
 5.4 CITY-ST-ZIP **Santa Fe, NM 87501**

TITLE  DELETE  
 NAME **V MILLER, BRADLEY C**  
 STREET ADDRESS **SIX PIEDMONT CENTER, SUITE 600**  
 CITY-ST-ZIP **ATLANTA GA 30305**

6.1 TITLE  Change  Addition  
**SV/CFO**  
 6.2 NAME **Mueller Jr., Charles E.**  
 6.3 STREET ADDRESS **7670 S. Chester Street, Suite 100**  
 6.4 CITY-ST-ZIP **Englewood, CO 80112**

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 915/877-1773  
 Date Daytime Phone #

CR2E034 (11/98)

P94000024628  
401281-90138-42

SCA-Florida Holdings (1) Incorporated  
Florida Profit Corporation Annual Report  
Additional List of Officers

Doc. #: P94000024628  
EIN #: 74-2718476

<u>Titles</u>	<u>Name</u>	<u>Address</u>
SV	Brown, Neil T.	Six Piedmont Center, Suite 600 Atlanta, GA 30305
SV	Nolan, Christopher T.	Six Piedmont Center, Suite 600 Atlanta, GA 30305
SV	Rand, Glenn T.	Six Piedmont Center, Suite 600 Atlanta, GA 30305
V	Snider, L. Douglas	Six Piedmont Center, Suite 600 Atlanta, GA 30305
AS	Marker, Lucinda G.	125 Lincoln Avenue Santa Fe, NM 87501
V/AS	Wainwright, Candice T.	Six Piedmont Center, Suite 600 Atlanta, GA 30305