

ACCOUNT NO. : 072100000032

REFERENCE : 137846

5056396

AUTHORIZATION

COST LIMIT

ORDER DATE: February 17, 1999

ORDER TIME : 12:20 PM

ORDER NO. : 137846

CUSTOMER NO: 5056396 ._

300002785933--6

CUSTOMER: Ms. Cheryl Goldschmitt

Aimco

1225 Eye Street, Nw

Suite 200

Washington, DC 20005

CHANGE OF AGENT

NAME: MAQ/LIFTON ACQUISITION CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

TALL A SEEP OF CHANGE HI TASOTADO AO HOISIVIO JTAIS TO INSMIRAGED.

36 FEB 24 PM 1: 44 BECEINED

Florida Department of State, Sandra B. Mortham, Secretary of State

* * * FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	ne provisions of sections 607.0502, orporation organized under the law	617.0502, 607.1508, or 617.1508, Florida Statutes, in es of the State of Florida	е
		re its registered office or registered agent, or both, in th	- 'ne
State of Florid	la.		
•	of the corporation is: MAQ/LIFTON A	CQUISITION CORP.	
X. 2110 A.M.			
2. The mailing	g address of the corporation is: 187	S. Bellaire Street, Denver, CO 80222-4300	
3. Date of inco	orporation/qualification: November	14, 1990 Document number: <u>\$12443</u>	_
4. The name a	and address of the current registered	agent and office:	-
	C T Corporation System		
	1200 South Pine Island Road	ECRE F	٦
5 m	Plantation, FL 33324	ent and office: (P. O. BoxNot Acceptable)	ニ て
5. The name a			_
	Corporation Service Company		
	1201 Hays Street	S	
	Tallahassee, FL 32301		
The street adagent, as char	dress of its registered office and the nged, will be identical.	ne street address of the business office of its registered	i
Such change authorized by	was authorized by resolution duly the board.	adopted by its board of directors or by an officer so	
MAQ/Lifton	y the board. Acquisition Corp.	2/3/99	
By: (Signatu	are of an officer, chairman or vice chairman o	f the board) (Date)	
Cheryl E. G	Goldschmitt – Assistant Secr		
corporation,	I hereby accept the appointment of see to comply with the provisions of of my duties, and I am familiar w	(Date) accept service of process for the above stated is registered agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as	
	Signature of Registered Agent)	2-23-99 (Date)	
	(Signature of Registered Agent)	(Date)	
If signing on be	chalf of an entity:		
Carol K. Do		Asst. Vice President	
<u> </u>	(Typed or Printed Name)	(Capacity)	

CR2E045(3/96)