

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

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 512453			
1. Corporation Name  NPI REALTY MANAGEMENT CORPORATION			
Principal Place of Business 55 BEATTIE PLACE GREENVILLE SC 29602		Mailing Address P O BOX 1089 GREENVILLE SC 29602	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
		3. Date Incorporated or Qualified 11/13/1990	
		4. FEI Number 65-0228173	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name The Prentice Hall Corp System, Inc.	
		82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
		83	
		84 City Tallahassee	
		FL 85 Zip Code 32301	
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 <i>Maureen Cullen</i>		DATE <i>4/6/89</i>	
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 President <input type="checkbox"/> DELETE		11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Steven D. Ira		12 NAME	
STREET ADDRESS 1873 So Bellaire St 17th Flr		13 STREET ADDRESS	
CITY - ST - ZIP Denver CO 80222-4300		14 CITY - ST - ZIP	
TITLE EVP/Legal Counsel/Sec <input type="checkbox"/> DELETE		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Joel F. Bonder		22 NAME	
STREET ADDRESS 1873 So Bellaire St 17th Flr		23 STREET ADDRESS	
CITY - ST - ZIP Denver CO 80222-4300		24 CITY - ST - ZIP	
TITLE SVP - Controller <input type="checkbox"/> DELETE		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Martha L. Long		32 NAME	
STREET ADDRESS 55 Beattie Place		33 STREET ADDRESS	
CITY - ST - ZIP Greenville SC 29602		34 CITY - ST - ZIP	
TITLE VP and Treasurer <input type="checkbox"/> DELETE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Patricia K. Heath		42 NAME	
STREET ADDRESS 1873 So Bellaire St 17th Flr		43 STREET ADDRESS	
CITY - ST - ZIP Denver CO 80222-4300		44 CITY - ST - ZIP	
TITLE EVP-Finance & Admin <input type="checkbox"/> DELETE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Thomas W. Toomey		52 NAME	
STREET ADDRESS 1873 So Bellaire St 17th Flr		53 STREET ADDRESS	
CITY - ST - ZIP Denver CO 80222-4300		54 CITY - ST - ZIP	
TITLE SVP - Property Oper. <input type="checkbox"/> DELETE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME James Mathes		62 NAME	
STREET ADDRESS 55 Beattie Place		63 STREET ADDRESS	
CITY - ST - ZIP Greenville, SC 29602		64 CITY - ST - ZIP	

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: *Maureen Cullen* MARTHA L. LONG  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(864) 239-1000  
Daytime Phone #