

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002712

Entity Name: AIMCO-GP, INC.

Current Principal Place of Business:

4582 S. ULSTER ST.
SUITE 1100
DENVER, CO 80237

Current Mailing Address:

4582 S. ULSTER ST.
SUITE 1100
DENVER, CO 80237

FEI Number: 84-1299715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P/D
Name CONSIDINE, TERRY
Address 4582 S. ULSTER ST. , STE. 1100
City-State-Zip: DENVER CO 80237

Title EVPS
Name COHN, LISA R
Address 4582 S. ULSTER ST., STE. 1100
City-State-Zip: DENVER CO 80237

Title AS
Name KASS, MARY M
Address 4582 S. ULSTER ST., STE. 1100
City-State-Zip: DENVER CO 80237

Title EVPT
Name FIELDING, PATTI K
Address 4582 S. ULSTER ST., STE. 1100
City-State-Zip: DENVER CO 80237

Title VP
Name ORGAN, TONY
Address 6600 ROCKLEDGE DR
SUITE 500
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR
Name TRAN, NINA A
Address C/O 4582 S. ULSTER ST.
SUITE 1100
City-State-Zip: DENVER CO 80237

Title DIRECTOR
Name KELTNER, THOMAS L
Address C/O 4582 S. ULSTER ST.
SUITE 1100
City-State-Zip: DENVER CO 80237

Title DIRECTOR
Name MILLER, ROBERT A
Address C/O 4582 S. ULSTER ST.
SUITE 1100
City-State-Zip: DENVER CO 80237

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY M KASS

ASSISTANT SECRETARY 04/24/2017

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MARTIN, J. LANDIS
Address C/O 4582 S. ULSTER ST.
SUITE 1100
City-State-Zip: DENVER CO 80237

Title DIRECTOR
Name STEIN, MICHAEL A
Address C/O 4582 S. ULSTER ST.
SUITE 1100
City-State-Zip: DENVER CO 80237

Title VP
Name NICHOLSON, JOHN
Address 4582 S. ULSTER ST.
SUITE 1100
City-State-Zip: DENVER CO 80237

Title DIRECTOR
Name NELSON, KATHLEEN M
Address C/O 4582 S. ULSTER ST.
SUITE 1100
City-State-Zip: DENVER CO 80237

Title VP
Name HODGES, LEE
Address 400 HOLLYWOOD BLVD.
SUITE 677 SOUTH
City-State-Zip: HOLLYWOOD FL 33021

Title VP
Name REOCH, MARK C
Address 4582 S. ULSTER ST.
SUITE 1100
City-State-Zip: DENVER CO 80237