

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90003 016 \*\*\*150.00

DOCUMENT # F03000003319					
1. Entity Name UNITED DOMINION REALTY TRUST, INC.					
Principal Place of Business 400 EAST CARY STREET RICHMOND, VA 23219		Mailing Address 400 EAST CARY STREET RICHMOND, VA 23219			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-0857512	Applied For Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TOOMEY, THOMAS W	NAME	Dementi, Dianne C.		
STREET ADDRESS	400 EAST CARY STREET	STREET ADDRESS	400 East Cary Street		
CITY-ST-ZIP	RICHMOND, VA 23219	CITY-ST-ZIP	Richmond, VA 23219		
TITLE	V <input type="checkbox"/> Delete	TITLE	Sr. Executive Vice Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALLIS, W. MARK	NAME			
STREET ADDRESS	400 EAST CARY STREET	STREET ADDRESS			
CITY-ST-ZIP	RICHMOND, VA 23219	CITY-ST-ZIP			
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADAMS, G. DANIEL JR	NAME			
STREET ADDRESS	400 EAST CARY STREET	STREET ADDRESS			
CITY-ST-ZIP	RICHMOND, VA 23219	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	Executive Vice Pres/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GENRY, CHRISTOPHER D	NAME			
STREET ADDRESS	400 EAST CARY STREET	STREET ADDRESS			
CITY-ST-ZIP	RICHMOND, VA 23219	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	Executive Vice Pres/Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEYLAND, ELLA S	NAME			
STREET ADDRESS	400 EAST CARY STREET	STREET ADDRESS			
CITY-ST-ZIP	RICHMOND, VA 23219	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	Sr. Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOECKEL, LESTER C	NAME			
STREET ADDRESS	400 EAST CARY STREET	STREET ADDRESS			
CITY-ST-ZIP	RICHMOND, VA 23219	CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Dianne C. Dementi</u>		Dianne C. Dementi		Assistant Secretary	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
		2/20/04		804-819-1864	

