


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0116431

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P41110 1. Corporation Name MAE JMA, INC. | | |

FILED
99 SEP 14 AM 10: 10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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| Principal Place of Business ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29601 | Mailing Address P. O. BOX 1089 GREENVILLE SC 29602 |
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DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------|-------------------------|---|------------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 4. FEI Number | Applied For |
| 21 1873 S. Bellaire St. | 26 1873 S. Bellaire St. | 10/22/1992 | 57-0947004 | Not Applicable |
| 22 Suite 1700 | 27 Suite 1700 | 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Denver, CO | 28 Denver, CO | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 80222 | 29 80222 | 7. This corporation owes the current year Intangible Personal Property. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 25 USA | 30 USA | | | |

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|---|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | 81 Name Corporation Service Company |
| | 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street |
| | 83 |
| | 84 City Tallahassee |
| | 85 Zip Code FL 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: Deborah D. Skipper as its agent DATE: 9-14-99

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 PD | VINSON, CARROLL D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE C/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME Terry Considine | |
| STREET ADDRESS | ONE INSIGNIA FINANCIAL PLAZA | 1.3 STREET ADDRESS 1873 S. Bellaire St., Ste. 1700 | |
| CITY-ST-ZIP | GREENVILLE SC 29601 | 1.4 CITY-ST-ZIP Denver, CO 80222 | |
| TITLE V | JARRARD, WILLIAM H JR. <input checked="" type="checkbox"/> DELETE | 2.1 TITLE P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME Peter Kompaniez | |
| STREET ADDRESS | ONE INSIGNIA FINANCIAL PLAZA | 2.3 STREET ADDRESS 1873 S. Bellaire St., Ste. 1700 | |
| CITY-ST-ZIP | GREENVILLE SC 29601 | 2.4 CITY-ST-ZIP Denver, CO 80222 | |
| TITLE S | LEBEY, DANIEL <input checked="" type="checkbox"/> DELETE | 3.1 TITLE V/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME Joel Bonder | |
| STREET ADDRESS | ONE INSIGNIA FINANCIAL PLAZA | 3.3 STREET ADDRESS 1873 S. Bellaire St., Ste. 1700 | |
| CITY-ST-ZIP | GREENVILLE SC 29601 | 3.4 CITY-ST-ZIP Denver, CO 80222 | |
| TITLE AS | BUECHLER, KELLEY M <input checked="" type="checkbox"/> DELETE | 4.1 TITLE V/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME Patricia Heath | |
| STREET ADDRESS | ONE INSIGNIA FINANCIAL PLAZA | 4.3 STREET ADDRESS 1873 S. Bellaire St., Ste 1700 | |
| CITY-ST-ZIP | GREENVILLE SC 29601 | 4.4 CITY-ST-ZIP Denver, CO 80222 | |
| TITLE VCAO | LANG, ROBERT D JR. <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | ONE INSIGNIA FINANCIAL PLAZA | 5.3 STREET ADDRESS | 800002989268--6 |
| CITY-ST-ZIP | GREENVILLE SC 29601 | 5.4 CITY-ST-ZIP | -09/17/99--01002--017 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | ***550.00 |
| NAME | | 6.2 NAME | SP |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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.

SIGNATURE: Joel P. Bonder **Joel P. Bonder, Secretary** DATE: 9-13-99 (303) 757-8101

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)