


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90049 045 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000001044**

1. Corporation Name  
**INTERNATIONAL COUNCIL OF SHOPPING CENTERS, INC.**

Principal Place of Business 665 FIFTH AVENUE NEW YORK NY 10022	Mailing Address 665 FIFTH AVENUE NEW YORK NY 10022
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/29/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-1854667
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>RIORDAN, JOHN T</b>	
STREET ADDRESS	<b>665 FIFTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>MALLIA, ROBERT M</b>	
STREET ADDRESS	<b>665 FIFTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ALEXANDER, DREW</b>	
STREET ADDRESS	<b>2600 CITADEL PLAZA DRIVE</b>	
CITY-ST-ZIP	<b>HOUSTON FL 77292-4133</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>SACK, EDWARD J</b>	
STREET ADDRESS	<b>665 FIFTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAUTNER, HANS C</b>	
STREET ADDRESS	<b>305 E. 47TH STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WARD, ROBERT L</b>	
STREET ADDRESS	<b>11411 NORTH TATUM BLVD.</b>	
CITY-ST-ZIP	<b>PHOENIX AZ 85028-2399</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Niehaus, Christopher J.</b>	
1.3 STREET ADDRESS	<b>1585 Broadway - 37th Floor</b>	
1.4 CITY-ST-ZIP	<b>New York, NY 10036</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, 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: *Edward J. Sack* **SIGNATURE REQUIRED** Edward J. Sack 3/26/99 212/421-8181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1-1/98)