

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90135 002 \*\*\*\*61.25

**2002 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F96000001044**  
 1. Entity Name

**INTERNATIONAL COUNCIL OF SHOPPING CENTERS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **1221 Avenue of the Americas**

3. Mailing Address **1221 Avenue of the Americas**

Suite, Apt. #, etc. **Floor 41**

Suite, Apt. #, etc. **Floor 41**

DO NOT WRITE IN THIS SPACE

City & State  
**New York, NY**

City & State  
**New York, NY**

4. FEI Number **13-1854667**

Applied For  
 Not Applicable

Zip  
**10020**

Country  
**USA**

Zip  
**10020**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
 IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

B. 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

Signature required to transfer location of registered agent and office if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

**FEE IS \$61.25**  
 Initial or Amended UBR

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
 NAME **MICHAEL P. KERCHEVAL**  
 STREET ADDRESS **1221 Ave. of the Americas**  
 CITY - ST - ZIP **New York, NY 10020**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE **S/T**  
 NAME **KATHLEEN M. NELSON**  
 STREET ADDRESS **730 Third Avenue**  
 CITY - ST - ZIP **New York, NY 10017**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE **C**  
 NAME **JOHN M. INGRAM**  
 STREET ADDRESS **600 Unicorn Park**  
 CITY - ST - ZIP **Woburn, MA 01801**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE **AS**  
 NAME **ROBERT M. MALLIA**  
 STREET ADDRESS **1221 Ave. of the Americas**  
 CITY - ST - ZIP **New York, NY 10020**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE **AS**  
 NAME **MELINA SPADONE**  
 STREET ADDRESS **1221 Ave. of the Americas**  
 CITY - ST - ZIP **New York, NY 10020**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Melina Spadone*

Melina Spadone

4/29/02

646/728-3684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

Original Filing #

CR2E037B (12/01)