



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90034 004 ****61.25

| | | | | | |
|---|---------------------------|--|---|---|---|
| DOCUMENT # F96000001044 | | | |  | |
| 1. Entity Name INTERNATIONAL COUNCIL OF SHOPPING CENTERS, INC. | | | | | |
| Principal Place of Business 1221 AVE OF AMERICAS 41 FLOOR NEW YORK, NY 10020 | | | Mailing Address 1221 AVE OF AMERICAS 41 FLOOR NEW YORK, NY 10020 | | |
| 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 13-1854667 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KERCHEVAL, MICHAEL P | | | NAME | |
| STREET ADDRESS | 1221 AVE. OF AMERICAS | | | STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK, NY 10020 | | | CITY-ST-ZIP | |
| TITLE | AS | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALLIA, ROBERT M | | | NAME | |
| STREET ADDRESS | 1221 AVE. OF THE AMERICAS | | | STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK, NY 10020 | | | CITY-ST-ZIP | |
| TITLE | ST | <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NELSON, KATHLEEN M | | | NAME | NELSON, KATHLEEN M. |
| STREET ADDRESS | 760 THIRD AVE. | | | STREET ADDRESS | 730 THIRD AVENUE |
| CITY-ST-ZIP | NEW YORK, NY 10017 | | | CITY-ST-ZIP | NEW YORK, NY 10017 |
| TITLE | C | <input checked="" type="checkbox"/> Delete | | TITLE | ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RAPPAPORT, GARY D | | | NAME | GROSSMAN, CHARLES |
| STREET ADDRESS | 8405 GREENSBORO DR. | | | STREET ADDRESS | 230 PARK AVENUE |
| CITY-ST-ZIP | MC LEAN, VA 22102 | | | CITY-ST-ZIP | NEW YORK, NY 10169 |
| TITLE | AS | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPADONE, MELINA | | | NAME | |
| STREET ADDRESS | 1221 AVE OF THE AMERICAS | | | STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK, NY 10020 | | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NORRIS, EBER R | | | NAME | EBER, NORRIS R. |
| STREET ADDRESS | 1400 S. WOLF RD. | | | STREET ADDRESS | 220 N. SMITH STREET |
| CITY-ST-ZIP | WHEELING, IL 60090 | | | CITY-ST-ZIP | PALATINE, IL 60067-2410 |
| 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 617, 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:  | | Melina Spadone | | 4/16/04 (646) 728-3684 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |

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