2002 UNIFORM BUSINESS REPORT (UBR)

above, or on an attachment with an address, with all other like empowered.

Electronic Signature of Signing Officer or Director

SIGNATURE: FRANK MARCHISELLO

DOCUMENT# F98000004285

Entity Name: TANGER FACTORY OUTLET CENTERS, INC.

FILED Apr 22, 2002 8:00 AM Secretary of State

04/22/2002

Date

SVC

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
STE 360	THLINE AVE ORO, NC 27408	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
STE 360	THLINE AVE ORO, NC 27408	US			
			FFI November Net Applicable ()	Outlines of Otatan Buringd()	
FEI Number:	56-1815473	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US					
The above in the State		mits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Age	nt	Date	
	_	tisfy its Intangible Tax filing requ rust Fund Contribution ().	uirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CD () De TANGER, STANLE 3200 NORTHLINE GREENSBORO, N	Y K AVENUE, SUITE 360	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () De TANGER, STEVEN 110 E. 59TH STRE NEW YORK, NY 1	B ET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () De BENTON, WILLIAM 915 W. 4TH ST. WINSTON-SALEM	1 G	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () De AFRICK, JACK 1200 N. FEDERAL BOCA RATON, FL	HWY. SUITE 211	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () De ROBINSON, THOM 111 S. CLAVERT S BALTIMORE, MD	AS E STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SVC () De MARCHISELLO, FI 3200 NORTHLINE GREENSBORO, N	RANK C JR AVENUE, SUITE 360	Title: Name: Address: City-St-Zip:	() Change() Addition	
I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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					