
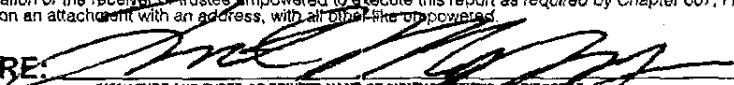


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000004285				
1. Entity Name TANGER FACTORY OUTLET CENTERS, INC.				
Principal Place of Business 3200 NORTHLINE AVE STE 360 GREENSBORO, NC 27408 US		Mailing Address 3200 NORTHLINE AVE STE 360 GREENSBORO, NC 27408 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANGER, STANLEY K		NAME	
STREET ADDRESS	3200 NORTHLINE AVENUE, SUITE 360		STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO, NC 27408		CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANGER, STEVEN B		NAME	
STREET ADDRESS	110 E. 59TH STREET		STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTON, WILLIAM G		NAME	
STREET ADDRESS	915 W. 4TH ST.		STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM, NC 27101		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFRICK, JACK		NAME	
STREET ADDRESS	1200 N. FEDERAL HWY. SUITE 211		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, THOMAS E		NAME	
STREET ADDRESS	111 S. CLAVERT STREET		STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD. 21202		CITY-ST-ZIP	
TITLE	SVC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHISELLO, FRANK C JR		NAME	
STREET ADDRESS	3200 NORTHLINE AVENUE, SUITE 360		STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO, NC 27408		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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 files empowered.				
SIGNATURE: 		Date: 3/22/06		Daytime Phone #: 336 292 3010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				
Frank G. Marchisello Jr.				



03212006 Chg-P CR2E034 (11/05)

4. FEI Number **56-1815473** Applied For Not Applicable

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

U00000513788
04/23/06-80144-007 150.00