


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 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
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DO NOT WRITE IN THIS SPACE



02142008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1815473	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TANGER, STANLEY K 3200 NORTHLINE AVENUE, SUITE 360 GREENSBORO, NC 27408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANGER, STEVEN B 110 E. 59TH STREET NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTON, WILLIAM G 915 W. 4TH ST. WINSTON-SALEM, NC 27101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AFRICK, JACK 1200 N. FEDERAL HWY. SUITE 211 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, THOMAS E 111 S. CLAVERT STREET BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC MARCHISELLO, FRANK C JR 3200 NORTHLINE AVENUE, SUITE 360 GREENSBORO, NC 27408

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 02/28/08-80042-021 150.00

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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 like empowered.

SIGNATURE:  **FRANK C. MARCHISELLO** 2/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #