

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K98629

1. Entity Name

RETAIL CENTERS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90805 001 ***450.00

Principal Place of Business

Mailing Address

1777 NORTHEAST EXPRESSWAY
 SUITE 145
 ATLANTA GA 30329

1777 NORTHEAST EXPRESSWAY
 SUITE 145
 ATLANTA GA 30329-2440

2. Principal Place of Business

3340 Peachtree Road

3. Mailing Address

3340 Peachtree Road

Suite, Apt. #, etc.

#1500

Suite, Apt. #, etc.

#1500

City & State

Atlanta, GA

City & State

Atlanta, GA

4. FEI Number

59-2960238

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, RETO J.
8130 BAYMEADOWS WAY, WEST #302
JACKSONVILLE FL 32256

Name

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

7400 Baymeadows Way, Suite 107

City

Jacksonville

FL

Zip Code

32256

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **VPS**
SULZBACHER, WILLIAM M.
 STREET ADDRESS **8130 BAYMEADOWS WAY W**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
SCHNEIDER, RETO J.
 STREET ADDRESS **8130 BAYMEADOWS WAY W.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
KOLEOS, DAVID J
 STREET ADDRESS **1777 N.E. EXPRESSWAY**
 CITY-ST-ZIP **ATLANTA GA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

678-686-6778

Daytime Phone #

CF - 012-0111