

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000047823

FILED  
Apr 16, 2012  
Secretary of State

Entity Name: REGENCY CENTERS CORPORATION

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE  
SUITE 114  
JACKSONVILLE, FL 322025019 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INDEPENDENT DRIVE  
SUITE 114  
JACKSONVILLE, FL 322025019 US

**New Mailing Address:**

FEI Number: 59-3191743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

F&L CORP  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: STEIN, MARTIN E JR  
Address: ONE INDEPENDENT DRIVE, SUITE 114  
City-St-Zip: JACKSONVILLE, FL 322025019 US

Title: S VP  
Name: MILLER, KATHY D  
Address: ONE INDEPENDENT DRIVE, SUITE 114  
City-St-Zip: JACKSONVILLE, FL 322025019 US

Title: S VP  
Name: LEAVITT, J C  
Address: ONE INDEPENDENT DRIVE, SUITE 114  
City-St-Zip: JACKSONVILLE, FL 322025019 US

Title: VP  
Name: THOMPSON, JAMES D  
Address: ONE INDEPENDENT DRIVE, SUITE 114  
City-St-Zip: JACKSONVILLE, FL 322025019 US

Title: VP  
Name: HOFHEIMER, NORMAN A JR  
Address: ONE INDEPENDENT DRIVE, SUITE 114  
City-St-Zip: JACKSONVILLE, FL 322025019 US

Title: SEC  
Name: JOHNSTON, BARBARA C  
Address: ONE INDEPENDENT DRIVE, SUITE 114  
City-St-Zip: JACKSONVILLE, FL 322025019 US

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

SIGNATURE: KATHY D. MILLER

SVP

04/16/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date