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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 824816 (3)

1. Corporation Name
GENERAL SHOPPING CENTERS, INC.

Principal Place of Business	Mailing Address
801 EAST BOULEVARD CHARLOTTE NC 28203-5203	801 EAST BOULEVARD CHARLOTTE NC 28203-5203

3. Date Incorporated or Qualified: 07/15/1970
3a. Date of Last Report: 06/11/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 56-0945018 ☐ Applied For ☐ Not Applica
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PERSON, ALBERT C.
701 EAST TENNESSE ST.
TALLAHASSEE, 32302

10. Name and Address of New Registered Agent

81 Name: HILTON PENSION & PADGETT
82 Street Address (P.O. Box Number is Not Acceptable): 701 EAST TENNESSEE ST
83
84 City: TALLAHASSEE FL 85 Zip Code: 32307

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registe office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MEISELMAN,IRA S 513 S. TRYON ST CHARLOTTE NC	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LLOYD, PAUL E 513 S.TRYON STREET CHARLOTTE NC	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Ac
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROYSTER, GEORGE A JR. 513 S. TRYON ST CHARLOTTE NC	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POSTON, L A 513 S. TRYON ST. CHARLOTTE NC	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LLOYD, PAUL E 513 S. TRYON ST CHARLOTTE NC	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐

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14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oa 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul E Lloyd PAUL E LLOYD 1/2/97 704-3773495 04
TYPED OR PRINTED NAME OF INCORPORATING OFFICER OR DIRECTOR — Date — Daytime Phone #