

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 27, 2001 08:00 AM****Secretary of State****DOCUMENT # 824816**1. Entity Name
GENERAL SHOPPING CENTERS, INC.

Principal Place of Business

901 EAST BOULEVARD

CHARLOTTE

NC

282035203

Mailing Address

901 EAST BOULEVARD

CHARLOTTE

NC

282035203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-0945018

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

PENSON ALBERT C
2810 REMINGTON GREEN CIRCLE**TALLAHASSEE****FL****32308****US**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

03/27/2001

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, 2001 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

TITLE **D** ☐ Delete
NAME **LLOYD PAUL E**
STREET ADDRESS **901 EAST BLVD**
CITY-ST-ZIP **CHARLOTTE NC 282035203**TITLE **T** ☐ Delete
NAME **ROYSTER GEORGE**
STREET ADDRESS **901 EAST BLVD**
CITY-ST-ZIP **CHARLOTTE NC 282035203**TITLE **D** ☐ Delete
NAME **POSTON L. A**
STREET ADDRESS **513 S. TRYON ST.**
CITY-ST-ZIP **CHARLOTTE NC**TITLE **S** ☐ Delete
NAME **STEWART JAMES I**
STREET ADDRESS **901 EAST BLVD**
CITY-ST-ZIP **CHARLOTTE NC 282035203**TITLE **VPD** ☐ Delete
NAME **ROYSTER GEORGE**
STREET ADDRESS **901 EAST BLVD**
CITY-ST-ZIP **CHARLOTTE NC 282035203**TITLE **PD** ☐ Delete
NAME **MEISELMAN, IRA S**
STREET ADDRESS **513 S. TRYON ST**
CITY-ST-ZIP **CHARLOTTE NC**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Change ☐ Addition
NAME **POSTON L. A**
STREET ADDRESS **901 EAST BLVD.**
CITY-ST-ZIP **CHARLOTTE NC 282035203**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☒ Change ☐ Addition
NAME **MEISELMAN CARTER D**
STREET ADDRESS **901 EAST BLVD**
CITY-ST-ZIP **CHARLOTTE NC 282035203**

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: GEORGE ROYSTER**T****03/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)