



# B97000000679

ACCOUNT NO. : 072100000032

REFERENCE : 184034 5048229

AUTHORIZATION :

COST LIMIT : \$ 35.00

FILED  
01 NOV -5 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : October 24, 2001

ORDER TIME : 2:45 PM

ORDER NO. : 184034-965

CUSTOMER NO: 5048229

500004666885--6

CUSTOMER: Mr. Ron Burgess  
Glimcher Realty Trust  
20 South Third Street

Columbus, OH 43215

CHANGE OF AGENT

BK

NAME: GLIMCHER UNIVERSITY MALL  
LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

RECEIVED  
01 NOV -5 PM 4:00  
DIVISION OF CORPORATION

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. GLIMCHER UNIVERSITY MALL LIMITED PARTNERSHIP

Name of the limited partnership

2. December 15, 1007

Date of filing/registration in Florida

3. B97000000679

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

5. The name and address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

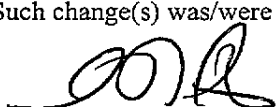
Tallahassee

FL

32301

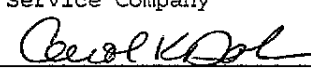
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

  
Signature of General Partner George Schmidt, Ex. V.P. & Sec. of Glimcher Tampa, Inc., General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

Corporation Service Company

  
Signature of Registered Agent Carol K. Dolor, Assistant Vice President

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**

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01 NOV 25 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA