2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # B9700000679 1. Entity Name | | | | | | FILED | |
|--|--|-----------------|---|---------------------|--------------------|---|--|
| GLIMCHER UNIVERSITY MALL LIMITED PARTNERSHIP | | | | | 03 MAY 14 AN 11:31 | | |
| Principal Place of Business 20 SOUTH THIRD STREET COLUMBUS OH 43215 | | | Mailing Address 20 SOUTH THIRD STREET COLUMBUS OH 43215 | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | - | |
| Suite, Apt. #, etc. Suite | | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DUE BY MAY 1, 2003 | |
| City & State | | | City & State | | | 4. FEI Number 31-1578002 Applied For Not Applicable | |
| Zip | Zip Country | | Zip | Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | | Name | 7. Name and Address of New Registered Agent | |
| CORPORA | ATION SER | VICE COMPANY | | | Name | | |
| 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | | | | Street Address (| eet 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE | | | | | | | |
| 9. Capital Contributions \$70,573,215.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 15. OR Shown on specific states and title if applicable. | | | | | | | |
| as Shown on record. in FLORIDA to date. 76,160,996 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | | | | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the f | | | | | | | |
| 12. | F070000 | GENERAL PARTNER | INFORMATION | 13. | | ADDRESS CHANGES ONLY | |
| DOCUMENT # NAME | GLIMCHER TAMPA, INC. 20 SOUTH THIRD STREET | | | STRI | STREET ADDRESS . | | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY | -ST-ZIP | | |
| DOCUMENT ≠ NAME | | | | STRI | EET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY | GITY-ST-ZIP | | |
| DOCUMENT # NAME | | | | STR | EET ADDRESS | 05/14/0301028008 **2276.25 | |
| STREET ADDRESS CITY-ST-ZIP | | | · | CITY | -ST-ZIP | | |
| DOCUMENT # NAME | | | | STRE | EET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | | СІТУ | -ST-ZIP | · · · · · · · · · · · · · · · · · · · | |
| DOCUMENT # NAME | | | | STRE | EET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | FF \$52 | 6.25 | CITY | -ST-ZIP | | |
| DOCUMENT # 1 | | • | | STRE | EET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | <u> </u> | | - | <u> </u> | -ST-ZIP | | |
| 14. I hereby certify that the information supplied with this filling 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 is true and accurate and this report is true and accurate and this report is true to exemption of the limited partnership or the resolution of the properties of the report is true to exemption of the report is true and accurate and the report is true to exemption of the report is true and accurate and the report is true and accurate and the report is true to exemption of the report is true and accurate and true accurate and true accurate and true a | | | | | | | |

SIGNATURE

STAPLE CHECK HERE

SIGNATURY AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

General Hormanis VP/Controller

(614)621-900