

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F62659**

(0)

1. Corporation Name

MALL AT 163RD ST. THOM MCAN, INC.

Principal Place of Business

Mailing Address

**67 MILLBROOK STREET
WORCESTER MA 01606**

**67 MILLBROOK STREET
WORCESTER MA 01606-2817**

**933 MAC ARTHUR BLVD.
MAHWAH, N.J. 07430**

**933 MAC ARTHUR BLVD.
MAHWAH, N.J. 07430**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

24 **USA**

28 Zip

Country

29 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/12/1982

3a. Date of Last Report

05/01/1996

4. FEI Number

04-2761257

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **AS** ☒ DELETE
NAME **LARENCE, ROGER**
STREET ADDRESS **67 MILLBROOK ST**
CITY-ST-ZIP **WORCESTER, MA 00000**

TITLE **VD** ☐ DELETE
NAME **ANDERSON, THEODORE L.**
STREET ADDRESS **67 MILLBROOK ST**
CITY-ST-ZIP **WORCESTER, MA 00000**

TITLE **VD** ☒ DELETE
NAME **WOZNAK, EDWARD S.**
STREET ADDRESS **67 MILLBROOK ST**
CITY-ST-ZIP **WORCESTER, MA 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **AS** ☒ Change ☐ Addition
1.2 NAME **GERALD BAHLMAN**
1.3 STREET ADDRESS **933 MAC ARTHUR BLVD.**
1.4 CITY-ST-ZIP **MAHWAH, N.J. 07430**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **P** ☒ Change ☐ Addition
3.2 NAME **J. H. ROBINSON**
3.3 STREET ADDRESS **933 MAC ARTHUR BLVD.**
3.4 CITY-ST-ZIP **MAHWAH, N.J. 07430**

4.1 TITLE **S** ☐ Change ☒ Addition
4.2 NAME **EDWARD J. LUCBY**
4.3 STREET ADDRESS **67 MILLBROOK ST**
4.4 CITY-ST-ZIP **WORCESTER, MA 01606**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 12 or Block 13 in the body of the report or on an attachment with an address.

SIGNATURE:

GERALD BAHLMAN

JAN 13 1997

(201) 934-2000

CP2E034 (9/96)