

PROFIT CORPORATION ANNUAL REPORT 1999



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

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90010 046 \*\*\*150.00

DOCUMENT # F93000000300 (4)  
1. Corporation Name  
**DEVELOPERS DIVERSIFIED REALTY CORPORATION**

Principal Place of Business: ~~34555 CHAGRIN BLVD. MORELAND HILLS OH 44022~~  
Mailing Address: ~~34555 CHAGRIN BLVD. MORELAND HILLS OH 44022~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/22/1993**  
4. FEI Number: **34-1723097**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: **3300 Enterprise Pkwy**  
2a. Mailing Address: **3300 Enterprise Pkwy**  
22. City & State: **Beachwood OH**  
23. City & State: **Beachwood OH**  
24. Zip: **44122** 25. Country: **1**  
26. Zip: **44122** 27. Country: **30**

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	WOLSTEIN, SCOTT A	
STREET ADDRESS	34555 CHAGRIN BLVD.	
CITY-ST-ZIP	MORELAND HILLS OH 44022	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHOFF, JAMES A	
STREET ADDRESS	<del>34555 CHAGRIN BLVD.</del>	
CITY-ST-ZIP	<del>MORELAND HILLS OH 44022</del>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ADAMS, ALBERT T	
STREET ADDRESS	3200 NATIONAL CITY CENTER	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SCHAFFER, WILLIAM H	
STREET ADDRESS	<del>34555 CHAGRIN BLVD.</del>	
CITY-ST-ZIP	<del>MORELAND HILLS OH 44022</del>	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ALLGOOD, JOAN V	
STREET ADDRESS	<del>34555 CHAGRIN BLVD.</del>	
CITY-ST-ZIP	<del>MORELAND HILLS OH 44022</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David Jacobstein	
1.3 STREET ADDRESS	3300 Enterprise Pkwy	
1.4 CITY-ST-ZIP	Beachwood OH 44122	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	3300 Enterprise Pkwy	
2.4 CITY-ST-ZIP	Beachwood, OH 44122	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	Above	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	Above	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	Above	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 if changed, or on my appointment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

# Developers Diversified

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Memo This document contains time-sensitive information. Please read immediately and respond as specified.

To Florida Dept. of State  
From Erin Fair  
Date/Time 7/1/99 at 10:11AM  
Subject 1999 Annual Report

Developers Realty Corp. Has relocated to the following address. The 1999 annual report form was not received. Per a representative of the Florida Dept. Of State, I am sending a copy of the 1998 annual report with corrected/updated information, along with a check for \$150.00.

3300 Enterprise Parkway

Beachwood, Ohio 44122

Please contact me at 216-755-5764 with any questions.

Thank You.

Erin Fair