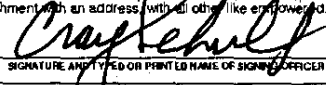


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91181 035 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F9300000300						90129965	
1. Entity Name DEVELOPERS DIVERSIFIED REALTY CORPORATION							
Principal Place of Business 3300 ENTERPRISE PKWY BEACHWOOD, OH 44122			Mailing Address 3300 ENTERPRISE PKWY BEACHWOOD, OH 44122				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>							
				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBSTEIN, DAVID			NAME			
STREET ADDRESS	3300 ENTERPRISE PKWY			STREET ADDRESS			
CITY-ST-ZIP	BEACHWOOD, OH 44122			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOFF, JAMES A			NAME			
STREET ADDRESS	3300 ENTERPRISE PKWY			STREET ADDRESS			
CITY-ST-ZIP	BEACHWOOD, OH 44122			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, ALBERT T			NAME			
STREET ADDRESS	3200 NATIONAL CITY CENTER			STREET ADDRESS			
CITY-ST-ZIP	CLEVELAND, OH 44114			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHAFFER, WILLIAM H			NAME			
STREET ADDRESS	3300 ENTERPRISE PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	BEACHWOOD, OH 44122			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLGOOD, JOAN V			NAME			
STREET ADDRESS	3300 ENTERPRISE PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	BEACHWOOD, OH 44122			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	ASST V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CAP, JEANNE H			NAME	SCHULTZ, CRAIG A.		
STREET ADDRESS	3300 ENTERPRISE PARKWAY			STREET ADDRESS	3300 ENTERPRISE PARKWAY		
CITY-ST-ZIP	BEACHWOOD, OH 44122			CITY-ST-ZIP	BEACHWOOD OH 44122		
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.							
SIGNATURE: 				ASST. V.P. 4/29/03			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			

CR2E034 (10/02)