2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F93000002527 1. Entity Name 00 MAR 23 PM 1: 26 NORMANDY VILLAGE SHOPPING CENTER, INC. SECRETARY OF STATE TALLAMASSEE, FLORIDA Principal Place of Business Mailing Address 701 EAST BAY STREET 701 EAST BAY STREET CHARLESTON SC 29403 C/O ZIFF PROPERTIES INC CHARLESTON SC 29403-5033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 57-0975687 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition PSTD ☐ Delete TITLE ☐ Change TITLE ZIFF. STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 701 EAST BAY STREET CITY-ST-ZIP CITY-ST-ZIP CHARLESTON SC -03/29/00--01055-023 ☐ Delete TITLE TITLE NAME ZIFF, LOREN NAME ****150.00 · ****150.00 · · · STREET ADDRESS STREET ADDRESS 701 EAST BAY STREET 29403 CITY-ST-ZIP CITY-ST-ZIP CHARLESTON SC Addition ☐ Delete TITI F TITLE WALTER, TIMOTHY J NAME NAME STREET ADDRESS STREET ADDRESS 701 EAST BAY STREET CITY-ST-ZIP **CHARLESTON SC** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.