

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000004345 (5)

1. Corporation Name

CBL & ASSOCIATES PROPERTIES, INC.



Principal Place of Business

ONE PARK PLACE
6148 LEE HWY.
CHATTANOOGA TN 37421-2931

Mailing Address

ONE PARK PLACE
6148 LEE HWY.
CHATTANOOGA TN 37421-2931

3. Date Incorporated or Qualified

09/24/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

62-1545718

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

Signature, type or printed name of registered agent and the corporation

(by 201) Registered Agent Signature required when first filing

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEOP
LEBOVITZ, CHARLES B
6148 LEE HWY., #300, ONE PARK PLACE
CHATTANOOGA TN 37421

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CD
LEBOVITZ, CHARLES B
6148 LEE HWY., #300, ONE PARK PLACE
CHATTANOOGA TN 37421

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
WOLFORD, JAMES L
6148 LEE HWY., #300, ONE PARK PLACE
CHATTANOOGA TN 37421

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CFOS
FOY, JOHN N
6148 LEE HWY., #300, ONE PARK PLACE
CHATTANOOGA TN 37421

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
FOY, JOHN N
6148 LEE HWY., #300, ONE PARK PLACE
CHATTANOOGA TN 37421

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
WISTON, JAY
6148 LEE HWY., #300, ONE PARK PLACE
CHATTANOOGA TN 37421

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

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****200.00

5-1-96
AGB

VP
Stephas, Gus
6148 Lee Hwy., #300, One Park Place
Chattanooga TN 37421

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an attachment with an address

Gus Stephas, VP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

(423) 855-0001

Daytime Phone #

CP2E034 (12/95)