

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90059 009 ***158.75

DOCUMENT # F93000004592

1. Entity Name

HORIZON/GLEN GROUP, INC.

Principal Place of Business

Mailing Address

C/O PRIME RETAIL, L.P.
 100 EAST PRATT STREET, 19TH FLOOR
 BALTIMORE MD 21202

C/O PRIME RETAIL, L.P.
 100 EAST PRATT STREET, 19TH FLOOR
 BALTIMORE MD 21202-1009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-2559212

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANN, WILLIAM J
C/O PRIME OUTLETS AT ELLENTON
5461 FACTORY SHOPS BLVD.
ELLENTON FL 34222

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLMUTTER, ROBERT D MR 100 EAST PRATT STREET, 19TH FLOOR BALTIMORE MD 21202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, CEO, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Glenn D. Reschke 100 East Pratt Street, 19th Floor Baltimore, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLMUTTER, WILLIAM MR 100 EAST PRATT STREET, 19TH FLOOR BALTIMORE MD 21202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Perlmutter, Norman
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO <input checked="" type="checkbox"/> Delete CARPENTER, WILLIAM H D 100 EAST PRATT STREET, 19TH FLOOR BALTIMORE MD 21202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition [Signature]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DICKEY, WILLIAM P MR 100 EAST PRATT STREET, 19TH FLOOR BALTIMORE MD 21202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael W. Reschke 100 East Pratt Street, 19th Floor Baltimore, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RANDALL, KENNETH A 100 EAST PRATT STREET, 19TH FLOOR BALTIMORE MD 21202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James Thompson 100 East Pratt Street, 19th Floor Baltimore, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHARP, SHARON MS 100 EAST PRATT STREET, 19TH FLOOR BALTIMORE MD 21202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marvin Traub 100 East Pratt Street, 19th Floor Baltimore, MD 21202

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.

SIGNATURE:

[Signature]

410-234-0782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Name: **C. Alan Schroeder** Executive Vice President - General Counsel and Secretary

Date Daytime Phone #