## *-93000004593*



ACCOUNT NO. : 072100000032

REFERENCE : 184034

5048229

AUTHORIZATION

COST LIMIT :

ORDER DATE : October 24, 2001

ORDER TIME : 2:43 PM

ORDER NO. : 184034-620

100004666891--8

CUSTOMER NO:

5048229

CUSTOMER: Mr. Ron Burgess

Glimcher Realty Trust 20 South Third Street

Columbus, OH 43215

## CHANGE OF AGENT

NAME:

GLIMCHER PROPERTIES

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

C. Coulliette NOV 0 5 2001

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	ne provisions of sections 607.0502, 6		lorida Statutes,
	ed corporation organized under the law		
	llowing statement in order to change	its registered office or registered ag	real; or both, in
the State of Flo		TIES CORPORATION	三三 1
1. The name o	f the corporation : GLIMCHER PROPERT	THE CONTOUNT OF	The 2
2. The mailing	address of the corporation: 20 S. T	hird Street, Columbus, OH 43215	TO THE
3. Date of inc	orporation/qualification: October 12.	Document number: F93	000004593
4. The name a	nd address of the current registered ag	ent and office:	
	C T Corporation System		TAS: 0:
	1200 South Pine Island Road	<u> </u>	
	Plantation, FL 33324		ASS W
5. The name a	nd address of the new registered agent (P. O. Box No	(if changed) and/or registered office of Acceptable)	e (iffichanged):
	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·	02 <b>4:</b> 5
	1201 Hays Street		≯''' o
	Tallahassee, Florida 32301	<del></del>	
agent, as char	lress of its registered office and the st ged, will be identical.		
Such change authorized by	was authorized by resolution duly add	opted by its board of directors or by	an officer so
_ <	)().) <del>[</del>	board) October 1	
(Signatu	re of an officer, chairman or vice chairman of the	board) (Date)	
George Schmid	it, Executive Vice President & Sec (Printed or typed name and title)	cretary	
Having been corporation, I fürther agre performance registered ag		ept service of process for the above gistered agent and agree to act in the statutes relative to the proper and and accept the obligation of my pos	e stated his capacity. complete ition as
	(Signature of Registered Agent)	(Date)	)/
If signing on bol	(Signature of Registered Agent) half of an entity:	(Duity)	
Carol K. Do		Assistant Vice Pres	ident
Caror K. Do.	(Typed or Printed Name)	(Capacity)	
	* * * FILING F	EE: \$35.00 * * *	

CR2E045(9/00)