

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED F93000004593

04 OCT 25 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004593

1. Entity Name  
GLIMCHER PROPERTIES CORPORATION



Principal Place of Business  
20 S. THIRD ST  
COLUMBUS, OH 43215 US

Mailing Address  
20 S. THIRD ST  
COLUMBUS, OH 43215 US

06/02/04 01057 004 150<sup>00</sup>



2. Principal Place of Business  
150 East Gay Street  
Suite, Apt. #, etc.

3. Mailing Address  
150 East Gay Street  
Suite, Apt. #, etc.

04202004 Chg-P CR2E034 (10/03)

City & State  
Columbus OH  
Zip 43215 Country USA

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Columbus OH  
Zip 43215 Country USA

4. FEI Number  
31-1393472  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS |                                      |
|----------------------------|--------------------------------------|
| TITLE                      | VGCS <input type="checkbox"/> Delete |
| NAME                       | SCHMIDT, GEORGE A                    |
| STREET ADDRESS             | 20 S. THIRD STREET                   |
| CITY-ST-ZIP                | COLUMBUS, OH 43215                   |
| TITLE                      | P <input type="checkbox"/> Delete    |
| NAME                       | GLIMCHER, MICHAEL P                  |
| STREET ADDRESS             | 20 S. THIRD STREET                   |
| CITY-ST-ZIP                | COLUMBUS, OH 43215                   |
| TITLE                      | CEO <input type="checkbox"/> Delete  |
| NAME                       | GLIMCHER, HERBERT                    |
| STREET ADDRESS             | 20 S. THIRD STREET                   |
| CITY-ST-ZIP                | COLUMBUS, OH 43215                   |
| TITLE                      | V <input type="checkbox"/> Delete    |
| NAME                       | MARMANTIS, GEORGE M                  |
| STREET ADDRESS             | 20 S. THIRD STREET                   |
| CITY-ST-ZIP                | COLUMBUS, OH 43215                   |
| TITLE                      | VCOO <input type="checkbox"/> Delete |
| NAME                       | CORNELY, WILLIAM G                   |
| STREET ADDRESS             | 20 S. THIRD STREET                   |
| CITY-ST-ZIP                | COLUMBUS, OH 43215                   |
| TITLE                      | V <input type="checkbox"/> Delete    |
| NAME                       | HOELLER, JOHN P                      |
| STREET ADDRESS             | 20 S. THIRD STREET                   |
| CITY-ST-ZIP                | COLUMBUS, OH 43215                   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                              |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  | 150 East Gay Street                                                          |
| STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                                           |                                                                              |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                  | 150 East Gay Street                                                          |
| STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                                           |                                                                              |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                  | 150 East Gay Street                                                          |
| STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                                           |                                                                              |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                  | LISA A. Indest VP/Controller                                                 |
| STREET ADDRESS                                        | 150 East Gay Street                                                          |
| CITY-ST-ZIP                                           |                                                                              |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                  | 150 East Gay Street                                                          |
| STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                                           |                                                                              |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                  | 150 East Gay Street                                                          |
| STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                                           |                                                                              |

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: [Signature] VP/Controller 64-621-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #