

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000004593

1. Entity Name
GLIMCHER PROPERTIES CORPORATION



Principal Place of Business
**150 EAST GAY STREET
COLUMBUS, OH 43215 US**

Mailing Address
**150 EAST GAY STREET
COLUMBUS, OH 43215 US**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VGCS
SCHMIDT, GEORGE A
150 EAST GAY STREET
COLUMBUS, OH 43215**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PCEO
GLIMCHER, MICHAEL P
150 EAST GAY STREET
COLUMBUS, OH 43215**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPC
INDEST, LISA A
150 EAST GAY STREET
COLUMBUS, OH 43215**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VCOO
LOEB, MARSHAL A
150 EAST GAY STREET
COLUMBUS, OH 43215**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VLF0
VALE, MARK E
150 EAST GAY STREET
COLUMBUS, OH 43215**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/13/06-00001-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Lisa A. Indest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/06 614-621-9000