

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004594

1. Entity Name

GLIMCHER HOLDINGS, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91574 014 ***150.00

A0069587



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

20 S. THIRD ST
 COLUMBUS OH 43215
 US

20 S. THIRD ST
 COLUMBUS OH 43215
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1393470**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324

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, 2001 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

TITLE	CEO	<input type="checkbox"/> Delete
NAME	GUMCHER, HERBERT	
STREET ADDRESS	10 N DREXEL AVE	
CITY-ST-ZIP	COLUMBUS OH 43209	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARMANIS, GEORGE M	
STREET ADDRESS	3640 BOATHOUSE DR	
CITY-ST-ZIP	HILLIARD OH 43026	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUMCHER, MICHAEL P	
STREET ADDRESS	216 S COLUMBIA	
CITY-ST-ZIP	COLUMBUS OH 43209	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUSTED, WILLIAM	
STREET ADDRESS	8215 MILLHOUSE LANE	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIN, MILT	
STREET ADDRESS	491 KILBORNE	
CITY-ST-ZIP	COLUMBUX OH 43215	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	CORNELY, WILLIAM G	
STREET ADDRESS	215 WOODEDGE CIRCLE WEST	
CITY-ST-ZIP	POWELL OH 43065	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLIMCHER, Herbert	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLIMCHER, Michael P	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sr. VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

George M Harmanis

VP/contractor

4/27/01

(614)621-9000

SIGNATURE: *George M. Harmanis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)