

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000004595 (5)**

1. Corporation Name
GLIMCHER CENTERS, INC.

Principal Place of Business 20 S. THIRD ST COLUMBUS OH 43215 US	Mailing Address 20 S. THIRD ST COLUMBUS OH 43215 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/12/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 31-1393471	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/CEO/C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEILER, ALAN R.	1.2 NAME	GLIMCHER, HERBERT
STREET ADDRESS	150 E. MOUND ST.	1.3 STREET ADDRESS	10 N. DREXEL AVE.
CITY-ST-ZIP	COLUMBUS OH	1.4 CITY-ST-ZIP	COLUMBUS, OH 43209
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEE, GORDON	2.2 NAME	HARMANIS, GEORGE M.
STREET ADDRESS	205 BRICKER HALL, 190 N. OVAL MALL	2.3 STREET ADDRESS	3640 BOATHOUSE DR.
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	HILLIARD, OH 43026
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARACH, PHILIP	3.2 NAME	GLIMCHER, MICHAEL R.
STREET ADDRESS	8044 MONTGOMERY RD. SUITE 335 W.	3.3 STREET ADDRESS	216 S. COLUMBIA
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	COLUMBUS, OH 43209
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRCKHEAD, OLIVER	4.2 NAME	HUSTED, WILLIAM R.
STREET ADDRESS	PINE BANK CENTER STE 1000, 201 E. 5TH ST.	4.3 STREET ADDRESS	8212 MILLHOUSE LN
CITY-ST-ZIP	CINCINNATI OH	4.4 CITY-ST-ZIP	DUBLIN, OH 43016
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLIMCHER, DAVID J	5.2 NAME	LEWIN, MILT
STREET ADDRESS	338 S COLUMBIA	5.3 STREET ADDRESS	491 KILBORNE
CITY-ST-ZIP	COLUMBUS OH	5.4 CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	V/CFOT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLIMCHER, HERBERT	6.2 NAME	CORNELY, WILLIAM G.
STREET ADDRESS	10 N DREXEL AVE	6.3 STREET ADDRESS	215 WOODEDGE CIRCLE WEST
CITY-ST-ZIP	COLUMBUS OH	6.4 CITY-ST-ZIP	POWELL, OH 43065

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George M. Harmanis* **GEORGE M. HARMANIS** 4/22/98 (614) 621-9000

CR2E034 (10/97)