

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90032 019 ***150.00

DOCUMENT # F93000004595

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1993

4. FEI Number

31-1393471

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current 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

FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	GLIMCHER, HERBERT	
STREET ADDRESS	16 N DREXEL AVENUE	
CITY-STATE-ZIP	COLUMBUS OH 43209	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARMANIS, GEORGE M	
STREET ADDRESS	3640 BOATHOUSE DR	
CITY-STATE-ZIP	HILLIARD OH 43026	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLIMCHER, MICHAEL P	
STREET ADDRESS	216 S COLUMBIA	
CITY-STATE-ZIP	COLUMBUS OH 43209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUSTED, WILLIAM R	
STREET ADDRESS	8212 MILLHOUSE LN	
CITY-STATE-ZIP	DUBLIN OH 43016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIN, MILT	
STREET ADDRESS	491 KILBORNE	
CITY-STATE-ZIP	COLUMBUS OH 43215	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	CORNELY, WILLIAM G	
STREET ADDRESS	215 WOODEDGE CIRCLE WEST	
CITY-STATE-ZIP	PONELL OH 43065	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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, with a title like empowered.

SIGNATURE:

George M. Harmanis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George M. Harmanis 4/21/99 614-621-9000
UP Controller Date Daytime Phone #

CR2E034 (11/98)