

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**  
 05-18-2001 91574 011 \*\*\*150.00

**DOCUMENT # F93000004595**

1. Entity Name  
**GLIMCHER CENTERS, INC.**

Principal Place of Business

Mailing Address

20 S. THIRD ST  
 COLUMBUS OH 43215  
 US

20 S. THIRD ST  
 COLUMBUS OH 43215  
 US

\*\*\*\*\*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1393471**

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** ☐ Delete  
 NAME **GLIMCHER, HERBERT**  
 STREET ADDRESS **16 N DREXEL AVENUE**  
 CITY-ST-ZIP **COLUMBUS OH 43209**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **HARMANIS, GEORGE M**  
 STREET ADDRESS **3640 BOATHOUSE DR**  
 CITY-ST-ZIP **HILLIARD OH 43026**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☐ Delete  
 NAME **GLIMCHER, MICHAEL P**  
 STREET ADDRESS **216 S COLUMBIA**  
 CITY-ST-ZIP **COLUMBUS OH 43209**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **HUSTED, WILLIAM R**  
 STREET ADDRESS **8212 MILLHOUSE LN**  
 CITY-ST-ZIP **DUBLIN OH 43016**

TITLE **Sr. VP** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **LEWIN, MILT**  
 STREET ADDRESS **491 KILBORNE**  
 CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VCFO** ☐ Delete  
 NAME **CORNELY, WILLIAM G**  
 STREET ADDRESS **215 WOODEDGE CIRCLE WEST**  
 CITY-ST-ZIP **PONELL OH 43065**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **Powell, OH 43065**

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.

SIGNATURE: George M. Harmanis VP/Controller 4/27/01 (614) 621-9000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)