## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # F93000005796 May 17, 2000 8:00 am Secretary of State 1. Entity Name DEBARTOLO PROPERTIES, INC. 05-17-2000 90937 016 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 7066, TAX DEPT 115 W WASHINGTON ST STE 15E INDIANAPOLIS IN 46207-7066 INDIANAPOLIS IN 46204 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 34-1753990 Not Applicable Zip Zio Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. **PLANTATION FL 33324** Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CEO TITI F ☐ Delete TITLE Change ☐ Addition SIMON, DAVID NAME NAME 115 W WASHINGTON ST STE 15E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN Change ☐ Addition Delete TITLE TITLE BARKLEY, JAMES NAME NAME 115 W WASHINGTON ST STE 15E STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP INDIANAPOLIS IN Change ☐ Addition ☐ Delete TITLE TITLE sokol<del>ou, ri</del>chard s RICHARD 5 SOKOLOV NAME NAME 115 W WASHINGTON ST STE 15E STREET ADDRESS STREET ADDRESS INDIANAPOLIS IN 46204 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE STERRETT, STEPHEN E NAME NAMÉ 115 W WASHINGTON ST STE 15E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN 46204 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR