

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003396

1. Entity Name

PRIME RETAIL FINANCE, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90059 007 \*\*\*158.75

Principal Place of Business

Mailing Address

19TH FLOOR  
100 EAST PRATT STREET  
BALTIMORE MD 21202

19TH FLOOR  
100 EAST PRATT STREET  
BALTIMORE MD 21202-1009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1885613

Applied For

Not Applicable

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

MANN, WILLIAM J  
GULF COAST FACTORY SHOPS  
5461 FACTORY SHOPS BOULEVARD  
ELLENTON FL 34222

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, 2000 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 DC ☐ Delete  
NAME RESCHKE, MICHAEL W  
STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR  
CITY-ST-ZIP BALTIMORE MD

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

TITLE CEOD ☒ Delete  
NAME CARPENTER, WILLIAM H JR  
STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR  
CITY-ST-ZIP BALTIMORE MD 21202

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

TITLE PCOD ☒ Delete  
NAME ROSENTHAL, ABRAHAM  
STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR  
CITY-ST-ZIP BALTIMORE MD

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

TITLE V ☐ Delete  
NAME RESCHKE, GLENN D  
STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR  
CITY-ST-ZIP BALTIMORE MD 21202

TITLE P, CEO, D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☐ Delete  
NAME SCHROEDER, C A  
STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR  
CITY-ST-ZIP BALTIMORE MD

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

TITLE V ☐ Delete  
NAME GOTHELF, STEVEN S  
STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR  
CITY-ST-ZIP BALTIMORE MD

TITLE ☐ Change ☐ 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.

SIGNATURE:

*C. Alan Schroeder*  
**REQUIRED**

410-234-0782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C. Alan Schroeder Executive Vice President - General Counsel & Secretary

CR2E034 (9/99)