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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F95000000993

1. Corporation Name

PRIME RETAIL FINANCE II, INC.

Principal Place of Business Mailing Address								1 (83)(80 118 10)	81 WILH 86111 B91	4) 48 4)(80))(8	BIST BETTE TO	
100 EAST PRATT STREET 100 EAST PRATT STREET												
19TH FL 19TH FL								DO NOT WRITE IN THIS SPACE				
BALTIMORE MD 21202 BALTIMORE MD 21202								3. Date Incorporated or Qualifed				
								03/01/1995	•			
2. Principal Pl	ace of Business	2a. Mai	ling Address				4.	, FEI Number				Applied For
21		26						52-1921411				Not Applicable
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.				5	. Certifcate of Statu	s Desired	T		Additional
22		27										Required
City & State	e	City	& State				6	. Election Campaig	ū			May Be
23		28		0				Trust Fund Contril				d to Fees
Zip	Country Zip			Country 30				 This corporation of Personal Property 		ent year Inti	angible □ Yes	□No
24	9. Name and Address of Curren	29		30			10). Name and Addre				
	9. Name and Address of Corre	r registere.	a Agent		81	Name					9	
MAN	N, WILLIAM J							DO D. Market	51-4 A	1-1-1		
% GULF COAST FACTORY SHOPS				82	Street A	Address (I	P.O. Box Number is	Not Accepta	ibie)			
5461	FACTORY SHOPS BLVD.			ŀ	83			V-11-				
ELLENTON FL 34222											705 7	p Code
i					84	City				FL	. 85 Zi	b cone
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1	508, Florida Statute	s, the ab	ove	-named	corporatio	on submits this state	ment for the	purpose of	changing	its registered
office or re	egistered agent, or both, in the State of mail and accept the obligations and accept the obligations.	of Florida. S tions of, Sec	uch change was au tion 607.0505, Flori	ithorized ida Statu	by t tes.	tne corpo	ration s t	board of directors. I I	nereby accer	и ате арроп	nument as	registered
SIGNATURE	, ,									_		
SIGNATURE	Signature, typed or printed name of registered agen				Agent	signature re	nertw beniup			DATE		TODO IN 12
12.	OFFICERS AN	D DIRECTO		13.	_			ADDITIONS/CHAN		-ICERS AN	Chang	
TITLE	CD		☐ DELETE	1.1 ΤΙΤΙ				pendent Di: A. Ferruc			☐ Citalia	E378080011
NAME	RESCHKE, MICHAEL W									- 10+1	h Flor	~r
STREET ADDRESS	100 EAST PRATT STREET, 19Th	H FLOOK						East Pratt imore, MD	21202	-, 13C1	,i FIOC) <u>.</u>
CITY-ST-ZIP	BALTIMORE MD		☐ DELETE	1.4 CIT		-ZIP	Батс	THOLE, MD	21202		Chang	je 🗌 Addition
TITLE	CEOD		C DECE 12									,,
NAME	CARPENTER JR, WILLIAM H	ע בו ממם		2.2 NA		1000000						
STREET ADDRESS	100 EAST PRATT STREET, 19T	II FLOUR				ADDRESS						
CITY-ST-ZIP	BALTIMORE MD		□ DELETE	2.4 CIT		1-ZIP					Chang	je Addition
TITLE	PD		- AELETE	3.1 NA								
NAME	ROSENTHAL, ABRAHAM	ם בו חחם		1		ADDOCCO						
STREET ADDRESS	100 EAST PRATT STREET, 19T	n FLOOR				ADDRESS						
CITY-ST-ZIP	BALTIMORE MD		☐ DELETE	3.4. CF		1-ZIP					Chang	e Addition
TITLE	PECCULE OF END D		Decen									,•
NAME	RESCHKE, GLENN D	ע בו ממם		4, 2 NA		L BBBBBB						
STREET ADDRESS		I LLOOK				ADDRESS						
CITY-ST-ZIP	BALTIMORE MD		☐ DELETE	4.4 CIT		-ZIP					Chang	e Addition
TITLE	I MAN DEANIEY PODEDT D		L) VELETE	5.1 TITI 5.2 NAI							_ 5.101.8	,
NAME	MULREANEY, ROBERT P	יו בו פעף				ADORESS						
STREET ADDRESS	100 EAST PRATT STREET, 19T	IL LLOOK		5.4 CIT								
CITY-ST-ZIP	BALTIMORE MD		☐ DELETE	6.1 TIT		-215					Chang	ge
TITLE	VS COURSEPER C A		☐ DELETE	6.2 NA								,
NAME	SCHROEDER, C A			0.2 100								

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 all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR

Name:

BALTIMORE MD

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR C. Alan Schroeder

6.3 STREET ADDRESS

(410) 234-0782