## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## FILED Apr 28, 2000 8:00 am Secretary of State DOCUMENT # F9500000993 1. Entity Name PRIME RETAIL FINANCE II. INC. 04-28-2000 90059 006 \*\*\*158.75 Principal Place of Business Mailing Address 100 EAST PRATT STREET 100 EAST PRATT STREET 19TH FL 19TH FL **BALTIMORE MD 21202-1009** BALTIMORE MD 21202 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 52-1921411 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANN, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) % GULF COAST FACTORY SHOPS 5461 FACTORY SHOPS BLVD. **ELLENTON FL 34222** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. $\Box$ Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CD ☐ Delete TITLE Change Addition TITLE NAME RESCHKE, MICHAEL W STREET ADDRESS STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD** ☐ Change ☐ Addition X Delete TITLE CEOD TITLE NAME NAME CARPENTER JR, WILLIAM H STREET ADDRESS STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD **₹** Delete ☐ Change ☐ Addition TITLE TITLE ROSENTHAL, ABRAHAM NAME NAME STREET ADDRESS STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD Change Addition P, CEO, D ☐ Delete TITLE TITLE NAME NAME RESCHKE, GLENN D STREET ADDRESS STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD Addition ☐ Delete Change TITLE NAME NAME MULREANEY, ROBERT P STREET ADDRESS STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD Change Addition ☐ Delete TITLE TITLE **VS** NAME SCHROEDER, C A NAME STREET ADDRESS STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 Date Name: C. Alan Schroeder Executive Vice President <del>- General Counsel &</del>

410-234-0782

Daytime Phone #