

Document Number Only  
**F95000001477**

**C T CORPORATION SYSTEM**  
Registrant's Name  
1311 Executive Center Drive, Ste. 200  
Address  
Tallahassee, FL 32301 (904) 656-0220  
City State Zip Phone

**CORPORATION(S) NAME**

700001442047  
-03/28/95--01018--021  
\*\*\*\*131.25 \*\*\*\*131.25

*The Mills GP, Inc.*

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|--|---|---|
| <input checked="" type="checkbox"/> Profit         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger               |
| <input type="checkbox"/> NonProfit                 | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                 |
| <input checked="" type="checkbox"/> Foreign        | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of H.A.       |
| <input type="checkbox"/> Restatement               | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> Fictitious Name      |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready        | <input checked="" type="checkbox"/> CUS / G/S |
| <input type="checkbox"/> Walk In                   | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30           |
| <input type="checkbox"/> Mail Out                  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up   |

Name  
Availability  
Document  
Examiner  
Updater  
Verifier  
Acknowledgment  
W.P. Verifier

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:**

1. THE MILLS GP, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware  
(State or country under the law of which it is incorporated)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. February 15, 1995  
(Date of Incorporation)
5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.156, F.S.))
7. 3000 K Street N.E., Suite 400  
Washington, D.C. 20007  
(Current mailing address)
8. Act as a general partner of partnership  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
  
Name: C T CORPORATION SYSTEM  
  
Office Address: c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip Code)
10. Registered agent acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T CORPORATION SYSTEM

Jinnie Bryan  
(Registered agent's signature) (Officer)  
**JINNIE BRYAN**  
SPECIAL ASSISTANT SECRETARY  
(Type Name and Title of Officer)

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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Laurence C. Siegel

Address: 3000 K Street N.W., Suite 400

Washington, D.C. 20007

B. OFFICERS

President: Peter McMillan

Address: 3000 K Street N.W., Suite 400

Washington, D.C. 20007

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: Thomas Frost

Address: 3000 K Street N.W., Suite 400

Washington, D.C. 20007

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Treasurer: Harry H. Hick

Address: 3000 K Street N.W., Suite 400

Washington, D.C. 20007

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PRESIDENT

(Typed or printed name and capacity of person signing application)

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State of Delaware  
Office of the Secretary of State

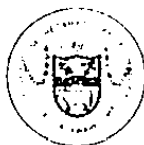
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PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE MILLS GP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF MARCH, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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DIVISION OF CORPORATIONS  
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Handwritten signature of Edward J. Freel in cursive script.

Edward J. Freel, Secretary of State

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950066089

AUTHENTICATION:

7451167

DATE:

03-27-95

F95000001477

OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Application for refund as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued; else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-14.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: The Mills GP, Inc. EIN or SS#: 54-1771261

Address: 1300 Wilson Boulevard, Suite 400  
Arlington, Virginia 22209

Amount: 225.00 Date Paid 6/20/96

Reason for claim: E95000001477 over payment  
overpayment to THE MILLS GP, INC. Please make check  
payable to THE MILLS LIMITED PARTNERSHIP FOR THE MILLS  
GP, INC.

Certified true and correct this 15 day of July, 19 96.

Signature Thomas E. Frost

Thomas E. Frost, Senior Vice President

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim:

Amount of recommended refund \$ 225.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

State Treasurer's Receipt No. 970221012, dated 6/20/96

Name of Account

45202130001453000000000010000

Statutory Authority for Collection

607

It is requested that payment be made from the following account:

NAME OF ACCOUNT:

45202130001453000000022002000

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Department of State, Division of Corporations

(Agency)

(Authorized Signature and Title)

Q&P  
6/24/96

F9500000/477



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 12, 1997

THE MILLS GP, INC.  
1300 WILSON BLVD.  
400  
ARLINGTON, VA 20007 US

SUBJECT: THE MILLS GP, INC.  
Ref. Number: F95000001477

Debit Memo #: 70039-D

This is to inform you that check #(F-20) in the amount of \$225.00 submitted with the annual report for THE MILLS GP, INC. has been returned by your bank because of PAYMENT STOPPED.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$240.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after July 12, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey  
Accountant I

Letter Number: 097A00025302

F9500000/477

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 12, 1997

THE MILLS GP, INC.  
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400  
ARLINGTON, VA 20007 US

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Pat Bailey  
Accountant I

Letter Number: 097A00025302



F9500000/477

July 31, 1997

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-08/01/97--01037--008  
\*\*\*\*240.00 \*\*\*\*240.00

REPLACEMENT FEE 1996

ANNUAL REPORT: THE MILLS GP, INC.

DEBIT MEMO: # 70039-D

CHECK #: F-20