

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 18 1997 8:00am
Secretary of State

DOCUMENT # F95000001477 (7)

1. Corporation Name
THE MILLS GP, INC.

Principal Place of Business

1300 WILSON BLVD.
400
ARLINGTON VA 20007
US

Mailing Address

1300 WILSON BLVD.
400
ARLINGTON VA 22209-2307
US

3. Date Incorporated or Qualified
03/28/1995

3a. Date of Last Report
06/15/1996

4. FEI Number

70-1700049, 54-1771261
(see attached)

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME: SIEGEL, LAURENCE C
STREET ADDRESS: 3000 K STREET NW, STE. 400
CITY-ST-ZIP: WASHINGTON DC 20007

TITLE ☐ DELETE

P
NAME: MCMILLAN, PETER
STREET ADDRESS: 3000 K STREET NW, STE. 400
CITY-ST-ZIP: WASHINGTON DC 20007

TITLE ☐ DELETE

S
NAME: FROST, THOMAS
STREET ADDRESS: 3000 K STREET NW, STE. 400
CITY-ST-ZIP: WASHINGTON DC 20007

TITLE ☒ DELETE

T
NAME: NICK, HARRY H.
STREET ADDRESS: 3000 K STREET NW, STE. 400
CITY-ST-ZIP: WASHINGTON DC 20007

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS: 1300 WILSON BOULEVARD, SUITE 400
1.4 CITY-ST-ZIP: ARLINGTON, VIRGINIA 22209

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS: 1300 WILSON BOULEVARD, SUITE 400
2.4 CITY-ST-ZIP: ARLINGTON, VIRGINIA 22209

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS: 1300 WILSON BOULEVARD, SUITE 400
3.4 CITY-ST-ZIP: ARLINGTON, VIRGINIA 22209

4.1 TITLE ☒ Change ☒ Addition

4.2 NAME: KENNETH R. PARENT
4.3 STREET ADDRESS: 1300 WILSON BOULEVARD, SUITE 400
4.4 CITY-ST-ZIP: ARLINGTON, VIRGINIA 22209

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Thomas E. Frost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Frost

Date 2/11/97

(703) 526-5155

CR2E034 (9/96)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255

DATE OF THIS NOTICE: 09-14-95
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 54-1771261
FORM: SS-4
2820626320 B

MILLS GP INC
% TAX DEPARTMENT
2700 POTOMAC MILLS CIRCLE STE 307
WOODBIDGE VA 22192

FOR ASSISTANCE CALL US AT:
804-649-2361 LOCAL RICHMOND
1-800-829-1040 OTHER VA

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 54-1771261. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within five to six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

03/15/96

If the due date has passed please complete the form and send it to us by 09-29-95. If we don't receive the form by that date additional penalties and interest will be charged. If you weren't in business or didn't hire employees for the tax period shown, please file the form showing that you have no liability.

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

Thank you for your cooperation.