

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

FILED

**Feb 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001477 (7)
1. Corporation Name
THE MILLS GP, INC.



Principal Place of Business 1300 WILSON BLVD. 400 ARLINGTON VA 22209 US	Mailing Address 1300 WILSON BLVD. 400 ARLINGTON VA-22209 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business 1300 WILSON BLVD.	26 2a. Mailing Address 1300 WILSON BLVD.
22 Suite, Apt. #, etc. SUITE 400	27 Suite, Apt. #, etc. SUITE 400
23 City & State ARLINGTON, VA	28 City & State ARLINGTON, VA
24 Zip 22209	29 Zip 22209
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 03/28/1995	
4. FEI Number 59-1774261 54-1771261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	C, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, LAURENCE C	1.2 NAME	
STREET ADDRESS	1300 WILSON BLVD SUITE 400	1.3 STREET ADDRESS	1300 WILSON BLVD. #400
CITY-ST-ZIP	ARLINGTON VA	1.4 CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, PETER	2.2 NAME	
STREET ADDRESS	1300 WILSON BLVD SUITE 400	2.3 STREET ADDRESS	1300 WILSON BLVD. #400
CITY-ST-ZIP	ARLINGTON VA	2.4 CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	SVP, S, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, THOMAS	3.2 NAME	
STREET ADDRESS	1300 WILSON BLVD SUITE 400	3.3 STREET ADDRESS	1300 WILSON BLVD. #400
CITY-ST-ZIP	ARLINGTON VA	3.4 CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	SVP, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENT, KENNETH R	4.2 NAME	
STREET ADDRESS	1300 WILSON BLVD SUITE 400	4.3 STREET ADDRESS	1300 WILSON BLVD. #400
CITY-ST-ZIP	ARLINGTON VA	4.4 CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE _____ **THOMAS E. FROST**

CR2E034 (10/97)