

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

000118 AV

**DOCUMENT # F95000001647**

1. Entity Name  
**NEW PLAN EXCEL REALTY TRUST, INC**

04-23-2002 90324 017 \*\*\*150.00

Principal Place of Business  
**1120 AVENUE OF THE AMERICAN  
 NEW YORK NY 10036**

Mailing Address  
**1120 AVENUE OF THE AMERICAN  
 NEW YORK NY 10036**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**Att: Marie Georges**  
 Suite, Apt. #, etc.

City & State  
 City & State  
 4. FEI Number **33-0160389** Applied For  
 Not Applicable

Zip Country Zip Country  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FISCHETTE, OWEN, HELD & MCBURNEY  
 1301 RIVERPLACE BOULEVARD, SUITE 1916  
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEWMAN, WILLIAM</b> <b>1120 AVENUE OF THE AMERICAS</b> <b>NEW YORK NY 10036</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LAUBICH, ARNOLD</b> <b>1120 AVENUE OF THE AMERICAS</b> <b>NEW YORK NY 10036</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Scott MacDonald</b> <b>1120 Avenue of the Americas</b> <b>New York, NY 10036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STOUTERMAN, JAMES M</b> <b>1120 AVENUE OF THE AMERICAS</b> <b>NEW YORK NY 10036</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D, CEO</b> <b>Glenn J. Rufrano</b> <b>1120 Avenue of the Americas</b> <b>New York, NY 10036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERNSTEIN, DEAN</b> <b>1120 AVENUE OF THE AMERICAS</b> <b>NEW YORK NY 10036</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D, SVP</b> <b>Dean Bernstein</b> <b>1120 Avenue of the Americas</b> <b>New York, NY 10036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DECICCO, JAMES</b> <b>1120 AVENUE OF THE AMERICAS</b> <b>NEW YORK NY 10036</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CFO</b> <b>John Roche</b> <b>1120 Avenue of the Americas</b> <b>New York, NY 10036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BERNSTEIN, DEAN</b> <b>1120 AVENUE OF THE AMERICAS</b> <b>NEW YORK NY 10036</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>EVP</b> <b>Leonard Brumberg</b> <b>1120 Avenue of the Americas</b> <b>New York, NY 10036</b>

13. 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 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: **Steven F. Siegel** **4/3/2002** **(212) 869-3000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)