
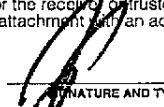


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000001647</b> 1. Entity Name <b>NEW PLAN EXCEL REALTY TRUST, INC.</b>					
Principal Place of Business <b>1120 AVENUE OF THE AMERICAN NEW YORK, NY 10036</b>			Mailing Address <b>ATT: MARIE GEORGES 1120 AVENUE OF THE AMERICAN NEW YORK, NY 10036</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>33-0160389</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>FISCHETTE, OWEN, HELD &amp; MCBURNEY 1301 RIVERPLACE BOULEVARD, SUITE 1916 JACKSONVILLE, FL 32207</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <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	<b>U000000133913</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>04/27/04-80106-015 150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MACDONALD, SCOTT</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	DCEO <b>RUFANO, GLENN J</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	SVD <b>BERNSTEIN, DEAN</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	CFO <b>ROCHE, JOHN</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	EV <b>BRUMBERG, LEONARD</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	
12. 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 recipient or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.					
<b>SIGNATURE:</b> 		<b>Steven F. Siegel</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/16/2004</b> <small>Date</small>	
				<b>(212) 869-3000</b> <small>Daytime Phone #</small>	