

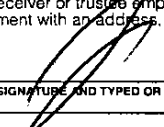


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90560 045 ***150.00

DOCUMENT # F95000001647 1. Entity Name NEW PLAN EXCEL REALTY TRUST, INC.					
Principal Place of Business 1120 AVENUE OF THE AMERICAN NEW YORK, NY 10036			Mailing Address ATT: MARIE GEORGES 1120 AVENUE OF THE AMERICAN NEW YORK, NY 10036		
2. Principal Place of Business 420 Lexington Avenue Suite, Apt. #, etc. 7th Floor		3. Mailing Address 420 Lexington Avenue Suite, Apt. #, etc. 7th Floor		20036056 	
City & State New York, NY		City & State New York, NY		4. FEI Number 33-0160389	
Zip 10170		Country New York		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DILL, R. JOSEPH ESQ. % ERACLIDES JOHNS HALL GELMAN, ET AL 4811 ATLANTIC BOULEVARD 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 NEWMAN, WILLIAM 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Newman 420 Lexington Avenue, 7th Floor New York, NY 10170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACDONALD, SCOTT 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO RUFRANO, GLENN J 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO Glenn J. Rufrano 420 Lexington Avenue, 7th Floor New York, NY 10170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BERNSTEIN, DEAN 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Dean Bernstein 420 Lexington Avenue, 7th Floor New York, NY 10170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ROCHE, JOHN 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO John Roche 420 Lexington Avenue, 7th Floor New York, NY 10170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV BRUMBERG, LEONARD 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Leonard Brumberg 420 Lexington Avenue, 7th Floor New York, NY 10170	<input checked="" 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 receiver 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 with an address, with all other like empowered.					
SIGNATURE: 			Steven F. Siegel		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/6/2005 Daytime Phone # (212) 869-3000		