


FILED  
May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90048 049 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> F95060006157 (0) ✓ <b>Corporation Name</b> BAY AREA MALL, INC.			
<b>Principal Place of Business</b> 151 FARMINGTON AVE HARTFORD CONNECTICUT 06156		<b>Mailing Address</b> 151 FARMINGTON AVE HARTFORD CONNECTICUT 06156-9154	
<b>Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>Mailing Address</b> 26 Suite, Apt. #, etc. 27 TN41 28 City & State 29 Zip Country	
<b>Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 South Pine Island Road Plantation FL 33324		<b>Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
<small>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.</small>			
<b>SIGNATURE</b> <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE			
<b>OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P D</b> ATWOOD, PETER S 151 FARMINGTON AVE HARTFORD CT	<input type="checkbox"/> DELETE	<b>11 TITLE</b> <b>12 NAME</b> <b>13 STREET ADDRESS</b> <b>14 CITY-ST-ZIP</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V S D</b> STOUDT, MARILYN J 151 FARMINGTON AVE HARTFORD CT	<input type="checkbox"/> DELETE	<b>21 TITLE</b> <b>22 NAME</b> <b>23 STREET ADDRESS</b> <b>24 CITY-ST-ZIP</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V T D</b> BRIGGS, WILLIAM E 151 FARMINGTON AVE HARTFORD CT	<input type="checkbox"/> DELETE	<b>31 TITLE</b> <b>32 NAME</b> <b>33 STREET ADDRESS</b> <b>34 CITY-ST-ZIP</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> NICHOLS, MICHAEL W 151 FARMINGTON AVENUE HARTFORD CT	<input type="checkbox"/> DELETE	<b>41 TITLE</b> <b>42 NAME</b> <b>43 STREET ADDRESS</b> <b>44 CITY-ST-ZIP</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> MAHER, JOHN M 151 FARMINGTON AVE HARTFORD CT 06156	<input type="checkbox"/> DELETE	<b>51 TITLE</b> <b>52 NAME</b> <b>53 STREET ADDRESS</b> <b>54 CITY-ST-ZIP</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<b>61 TITLE</b> <b>62 NAME</b> <b>63 STREET ADDRESS</b> <b>64 CITY-ST-ZIP</b>

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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Marilyn J. Stoudt* Vice President and Secretary 4/28/99 860-273-2138