

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90029 016 \*\*\*\*61.25

**40015485**



01282005 Chg-NP CR2E037 (10/03)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                   |                                                                                  |                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F96000001044</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                                   |                                                                                  |                                                                                                        |  |
| <b>1. Entity Name</b><br>INTERNATIONAL COUNCIL OF SHOPPING CENTERS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                                                   |                                                                                  |                                                                                                        |  |
| <b>Principal Place of Business</b><br>1221 AVE OF AMERICAS<br>41 FLOOR<br>NEW YORK, NY 10020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                                                                   | <b>Mailing Address</b><br>1221 AVE OF AMERICAS<br>41 FLOOR<br>NEW YORK, NY 10020 |                                                                                                        |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | <b>3. Mailing Address</b>                                                                         |                                                                                  |                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | Suite, Apt. #, etc.                                                                               |                                                                                  |                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | City & State                                                                                      |                                                                                  |                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                   | Zip                                                                                               | Country                                                                          | <b>4. FEI Number</b><br>13-1854667                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                   |                                                                                  | Applied For<br>Not Applicable                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                   |                                                                                  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                   | <b>7. Name and Address of New Registered Agent</b>                               |                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                   | Name                                                                             |                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                   | Street Address (P.O. Box Number is Not Acceptable)                               |                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                   | City                                                                             |                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                   | FL Zip Code                                                                      |                                                                                                        |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                   |                                                                                  |                                                                                                        |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                                   |                                                                                  |                                                                                                        |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                  | <b>Make check payable to Florida Department of State</b>                                               |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                     |                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P                         | <input type="checkbox"/> Delete                                                                   | TITLE                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | KERCHEVAL, MICHAEL P      |                                                                                                   | NAME                                                                             |                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1221 AVE. OF AMERICAS     |                                                                                                   | STREET ADDRESS                                                                   |                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NEW YORK, NY 10020        |                                                                                                   | CITY-ST-ZIP                                                                      |                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AS                        | <input type="checkbox"/> Delete                                                                   | TITLE                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MALLIA, ROBERT M          |                                                                                                   | NAME                                                                             |                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1221 AVE. OF THE AMERICAS |                                                                                                   | STREET ADDRESS                                                                   |                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NEW YORK, NY 10020        |                                                                                                   | CITY-ST-ZIP                                                                      |                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C                         | <input checked="" type="checkbox"/> Delete                                                        | TITLE                                                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NELSON, KATHLEEN M        |                                                                                                   | NAME                                                                             | C JAMES E. MAURIN                                                                                      |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 730 THIRD AVE.            |                                                                                                   | STREET ADDRESS                                                                   | 109 NORTHPARK BOULEVARD                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NEW YORK, NY 10017        |                                                                                                   | CITY-ST-ZIP                                                                      | COVINGTON, LA 70433                                                                                    |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ST                        | <input type="checkbox"/> Delete                                                                   | TITLE                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | GROSSMAN, CHARLES         |                                                                                                   | NAME                                                                             |                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 230 PARK AVE.             |                                                                                                   | STREET ADDRESS                                                                   |                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NEW YORK, NY 10169        |                                                                                                   | CITY-ST-ZIP                                                                      |                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AS                        | <input type="checkbox"/> Delete                                                                   | TITLE                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SPADONE, MELINA           |                                                                                                   | NAME                                                                             |                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1221 AVE OF THE AMERICAS  |                                                                                                   | STREET ADDRESS                                                                   |                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NEW YORK, NY 10020        |                                                                                                   | CITY-ST-ZIP                                                                      |                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T                         | <input checked="" type="checkbox"/> Delete                                                        | TITLE                                                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NORRIS, EBER R            |                                                                                                   | NAME                                                                             | T JEFF R. SINKEY                                                                                       |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 220 N SMITH ST.           |                                                                                                   | STREET ADDRESS                                                                   | 6301 FITCH PATH                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PALATINE, IL 600672410    |                                                                                                   | CITY-ST-ZIP                                                                      | NEW ALBANY, OH 43054                                                                                   |  |
| <b>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 617, 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.</b> |                           |                                                                                                   |                                                                                  |                                                                                                        |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | Melina Spadone                                                                                    |                                                                                  | (466) 728-3684                                                                                         |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           | Date                                                                                              |                                                                                  | Daytime Phone #                                                                                        |  |

# ATTACHMENT

# F96000001044

Committee Roster 2 Column-sort by Name  
International Council of Shopping Centers

Friday, January 28, 2005

Page 1

Board Of Trustees  
As of 1/28/2005

40015485

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International Council of Shopping Centers

Friday, January 28, 2005

Page 2

Board Of Trustees  
As of 1/28/2005

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Committee Roster 2 Column-sort by Name  
International Council of Shopping Centers

Friday, January 28, 2005

Page 3

Board Of Trustees  
As of 1/28/2005

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Committee Roster 2 Column-sort by Name  
International Council of Shopping Centers

Friday, January 28, 2005  
Page 4

Board Of Trustees  
As of 1/28/2005

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Chairman

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Committee Roster 2 Column-sort by Name  
International Council of Shopping Centers

Friday, January 28, 2005

Page 5

Board Of Trustees  
As of 1/28/2005

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Committee Roster 2 Column-sort by Name  
International Council of Shopping Centers

Friday, January 28, 2005

Page 6

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As of 1/28/2005

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Committee Roster 2 Column-sort by Name  
International Council of Shopping Centers

Friday, January 28, 2005

Page 7

Board Of Trustees  
As of 1/28/2005

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Committee Roster 2 Column-sort by Name  
International Council of Shopping Centers

Friday, January 28, 2005  
Page 8

Board Of Trustees  
As of 1/28/2005

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