

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003978

1. Entity Name

THE MILLS SOUTH FLORIDA CORPORATION

(FICTITIOUS NAME FOR THE MILLS CORPORATION)

Principal Place of Business

1300 WILSON BLVD #400
ARLINGTON VA 22209
US

Mailing Address

1300 WILSON BLVD #400
ARLINGTON VA 22209
US

2. Principal Place of Business
(SAME)

3. Mailing Address
(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-1802283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 COBD ☐ Delete
NAME SIEGEL, LAURENCE C
STREET ADDRESS 1300 WILSON BLVD #400
CITY-ST-ZIP ARLINGTON VA 22209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME MCMILLAN, PETER B
STREET ADDRESS 1300 WILSON BLVD #400
CITY-ST-ZIP ARLINGTON VA 22209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EVSD ☐ Delete
NAME FROST, THOMAS E
STREET ADDRESS 1300 WILSON BLVD #400
CITY-ST-ZIP ARLINGTON VA 22209

TITLE EXECUTIVE VP, SECRETARY ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EVP ☐ Delete
NAME PARENT, KENNETH R
STREET ADDRESS 1300 WILSON BLVD #400
CITY-ST-ZIP ARLINGTON VA 22209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME NEEB, D. GREGORY
STREET ADDRESS 1300 WILSON BLVD #400
CITY-ST-ZIP ARLINGTON VA 22209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Thomas E. Frost

THOMAS E. FROST, EXECUTIVE VICE PRESIDENT

4.2.01

Date

(703) 526-5000

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 05, 2001 8:00 am
Secretary of State
04-05-2001 90452 023 ***150.00



DO NOT WRITE IN THIS SPACE