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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000004669

1. Corporation Name

SHAW RETAIL PROPERTIES INC.

FILED Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90002 001 ***150.00

SI & WALMUT AVE DO DRAMER 2128 DALTON GA 307222128
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2. Principal Place of Business 2. Mailing Address 3. Delicition of Substances 2. Mailing Address 3. Security 2. Security 2. Substance 3. Substance 3
2. Principal Place of Business
Suite, Apt. #, etc.
Suite, Apt. #, etc. 27 City & State 27 City & State 28 Zip Country 27 Zip Country 27 Zip Country 28 Zip Country 29 30 30 S. Amen and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name and Address of New Registered Agent 14. Name and Address of New Registered Agent 15. Name and Address of
City & State City &
Zip Country Zip Country Zip Country B. Trust Fund Contribution Added to Feas Zip Zip Signature Trust Fund Contribution was the current year Intengible Plant Country Registered Agent Plant Registered Agent
Zip Country Zip Country Zip Country 8, Thise corporation were the current year Intangible Personal Property Tax. Yes Set No.
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9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 83 TALLAHASSEE FL 32301 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Section 607.0502 and 607.1508 Statutes. SIGNATURE 11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 11.1 TITLE 12. OFFICERS AND DIRECTORS 11.1 TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.1 TITLE 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.1 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.1 TITLE 16. Change Addition 17. Change Addition 18. TREET ADDRESS 18. TITLE Change Addition 18. TREET ADDRESS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.1 TITLE 20. Change Addition 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.1 TITLE 22. TITLE Change Addition 23. TREET ADDRESS 24. CITY. ST. Z
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TALLAHASSEE FL 32301 84 City FL 85 Zip Code 11. 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 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. SIGNATURE Signature, typed or printed name of registered agent and title of applicable (ACTE: Registered Agent signature required when reinstating) DATE
State City FL State
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NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. 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 supplierdental 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 turstee empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOUGLAS H HOSKINS TREASURER