## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2007 8:00 am ANNUAL REPORT DOCUMENT # F9700002035 **Secretary of State** 1. Entity Name 05-01-2007 90021 030 \*\*\*150.00 **GLIMCHER DEVELOPMENT CORPORATION** Principal Place of Business Mailing Address 150 EAST GAY STREET 150 EAST GAY STREET COLUMBUS, OH 43215 COLUMBUS, OH 43215 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 31-1483904 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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 Signature, typed or printed name of registered agent and title if epplicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VPC TITLE TITLE ☐ Defete ☐ Change Addition NAME INDEST, LISA A NAME STREET ADDRESS 150 EAST GAY STREET STREET ADDRESS CITY-ST-ZIP COLUMBUS, OH 43215 CITY-ST-ZIP PCEO TITLE ☐ Delete TITLE ☐ Change ☐ Addition GLIMCHER, MICHAEL P NAME NAME STREET ADDRESS 150 EAST GAY STREET STREET ADDRESS CITY-ST-ZIP COLUMBUS, OH 43215 CITY-ST-7/P coo TITLE ☐ Delete TITLE ☐ Change ■ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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TITLE

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CITY-ST-ZIP

CITY-ST-ZIP

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Rieck, Kim

CITY-ST-ZIP

SIGNATURE:

NAME

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NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

LOEB, MARSHAL A

150 EAST GAY STREET

COLUMBUS, OH 43215

SCHMIDT, GEORGE A

150 EAST GAY STREET

COLUMBUS, OH 43215

150 EAST GAY STREET

COLUMBUS, OH 43215

CFO

YALE, MARK

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-07

614-621-9000

Change

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Addition

Daytime Phone #

**FILED**