## 9700006624

ACCOUNT NO. : 072100000032

REFERENCE: 184034 5048229

AUTHORIZATION :

COST LIMIT :

ORDER DATE: October 24, 2001

ORDER TIME : 2:44 PM

ORDER NO. : 184034-955

CUSTOMER NO: 5048229

CUSTOMER: Mr. Ron Burgess

Glimcher Realty Trust 20 South Third Street

Columbus, OH 43215

700004666887--0

## CHANGE OF AGENT

NAME: GLIMCHER TAMPA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under the laws of the State of Delaware	
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: GLIMCHER TAMPA, INC.	
2. The mailing address of the corporation: 20 S. Third Street, Columbus, OH 43215	
20 0. 1111 Screet, Columbis, On 43215	
3. Date of incorporation/qualification: December 15, 1997 Document number: F97000006624	•.
4. The name and address of the current registered agent and office:	
C T Corporation System	
1200 South Pine Island Road  ART ST	
Plantation, FL 33324	
5. The name and address of the new registered agent (if changed) and/or registered office (if changed)  (P. O. Box Not Acceptable)	
Corporation Service Company	
1201 Hays Street	٠
Tallahassee, Florida 32301	,
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board	
(Signature of an officer, chairman or vice chairman of the board)  (Date)	
(Signature of an officer, chairman or vice chairman of the board) (Date)	-
George Schmidt, Executive Vice President & Secretary  (Printed or typed name and title)	-
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Carol K. Dolor Assistant Vice President	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(9/00)

DIVISION OF CORPORATIONS