


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90048 042 \*\*\*150.00

<b>DOCUMENT # F97000006624</b>		
1. Entity Name <b>GLIMCHER TAMPA, INC.</b>		

Principal Place of Business <b>20 SOUTH THIRD STREET COLUMBUS, OH 43215</b>	Mailing Address <b>20 SOUTH THIRD STREET COLUMBUS, OH 43215</b>
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**24056109**

2. Principal Place of Business <b>150 East Gay Street</b>	3. Mailing Address <b>150 East Gay Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04202004 Chg-P CR2E034 (10/03)

City & State <b>Columbus, OH</b>	City & State <b>Columbus OH</b>	4. FEI Number <b>31-1578007</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>43215</b>	Country <b>USA</b>	Zip <b>43215</b>	Country <b>USA</b>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GLIMCHER, HERBERT 20 S THIRD STREET COLUMBUS, OH 43215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>150 East Gay Street</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARMANIS, GEORGE M 20 S THIRD STREET COLUMBUS, OH 43215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP/Controller LISA A. Indest 150 East Gay St. Columbus OH</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLIMCHER, MICHAEL P 20 SOUTH THIRD STREET COLUMBUS, OH 43215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>150 East Gay St.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS SCHMIDT, GEORGE A 20 SOUTH THIRD STREET COLUMBUS, OH 43215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>150 East Gay St.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOT CORNELLY, WILLIAM G 20 SOUTH THIRD STREET COLUMBUS, OH 43215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>150 East Gay St.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUSTED, WILLIAM R 20 SOUTH THIRD STREET COLUMBUS, OH 43215 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**614621-9000**