

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90122 002 ***150.00

DOCUMENT # F98000003612

1. Corporation Name

ROUSE PROPERTIES, INC.

Principal Place of Business

10275 LITTLE PATUXENT PKWY
COLUMBIA MD 21044

Mailing Address

10275 LITTLE PATUXENT PKWY
COLUMBIA MD 21044

2. Principal Place of Business

THE ROUSE COMPANY
C/O TAX DEPARTMENT
10275 LITTLE PATUXENT PARKWAY
COLUMBIA, MARYLAND 21044

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

3. Date Incorporated or Qualified

06/24/1998

4. FEI Number

Applied For

APPLIED FOR

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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. 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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	DEERING, ANTHONY W	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ROTHCHILD, BRUCE I	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	DAYTON, PATRICIA H	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCGREGOR, DOUGLAS A	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCAVO, ALTON J	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHWIESOW, DAVID R	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY	
CITY-ST-ZIP	COLUMBIA MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 supplemental 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 trustee empowered to execute 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: *Elizabeth A. Hallinger* 4/27/99 410-992-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0008878