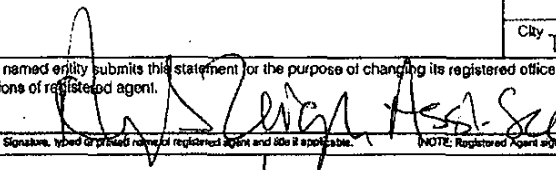


FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90050 001 ***277.50

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M05000001824			
1. Entity Name GLIMCHER MS, LLC			
Principal Place of Business C/O THOR EQUITIES, LLC 25 WEST 39TH ST NEW YORK, NY 10018		Mailing Address C/O THOR EQUITIES, LLC 139 FIFTH AVENUE NEW YORK, NY 10010	
2. Principal Place of Business - No P.O. Box # 150 East Gay Street		3. Mailing Address	
Suite, Apt. #, etc. 24th Floor		Suite, Apt. #, etc.	
City & State Columbus, OH		City & State	
Zip 43215	Country USA	Zip	Country
4. FEI Number 20-2590899		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301	
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  DATE 1/31/08 Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature is required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOR EQUITIES, LLC 139 FIFTH AVENUE NEW YORK, NY 10010 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Glimcher Properties Limited Partnership 150 East Gay Street, 24th Floor Columbus, OH 43215 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	NOTE: As of 3/1/2008: 180 East Broad Street Columbus, OH 43215 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Kim A. Rieck, Sr. VP, Secy & Gen Counsel 1/8/08 614-621-9000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	