2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13385

FILED Feb 25, 2005 Secretary of State

Entity Name: OUTLET RETAIL MERCHANTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

29399 U S HWY 19 N 271 HOGAN'S VALLEY WAY SUITE 370 CARY, NC 27513

CLEARWATER, FL 337612137 US

New Mailing Address: Current Mailing Address:

PO BOX 14857

CLEARWATER, FL 337664857 US

FEI Number: 59-2628371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GAUTHIEZ, ALICE LONDON, KERRI 29399 US HWY 19 N 29399 US HIGHWAY 19 NORTH SUITE 370 SUITE 370

CLEARWATER, FL 337612137 US CLEARWATER, FL 337612137 US

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.

SIGNATURE: KERRI LONDON 02/25/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MICHAEL ERNST, DUVA, STEVE Name: Name:

450 W HANES MILL RD Address: ONE CLAIBORNE AVENUE Address: City-St-Zip: WINSTOM-SALEM, NC City-St-Zip: NORTH BERGEN, NJ 070476499 US

Title: () Delete Title: (X) Change () Addition Name: COCHRAN, DAN Name: COCHRAN, DAN

Address: 1001 FRONTIER RD. SUITE 100 Address: 1001 FRONTIER RD. SUITE 100 City-St-Zip: BRIDGEWATER, NJ 08807 City-St-Zip: BRIDGEWATER, NJ 08807 US

Title: VCD () Delete Title: () Change () Addition Name:

HINKLE, DAVID Name: 5915 CASEY DRIVE Address: Address: City-St-Zip: KNOXVILLE, TN 37909 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE DUVA CD 02/25/2005