

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00792** (2)
1. Corporation Name
ROUSE-TEACHERS PROPERTIES, INC.

Principal Place of Business 10275 LITTLE PATUXENT PKWY ATTN: GARY FRANKLIN COLUMBIA MD 21044 US	Mailing Address 10275 LITTLE PATUXENT PKWY ATTN: GARY FRANKLIN COLUMBIA MD 21044 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/01/1984	
21		26		4. FEI Number 52-0613247	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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	
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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 filed at applicant's (if 015: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINUTOLI, ROBERT	1.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PK	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAVO, ALTON J	2.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PK	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGREGOR, DOUGLAS A	3.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PK	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAYTON, PATRICIA H.	4.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PK	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHSCHILD, BURCE I	5.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PK	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZYMANSKI, JOHN J	6.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PK	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	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.

SIGNATURE:  **JOHN J. SZYMANSKI, VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2+KRP

410-992-6468
Daytime Phone # 0006821

CR2E034 (10/97)