

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 90176 013 \*\*\*150.00

DOCUMENT # P00792

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

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

02/01/1984

4. FEI Number

52-0613247

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	V	<input type="checkbox"/> DELETE
NAME	MINUTOLI, ROBERT	
STREET ADDRESS	10275 LITTLE PATUXENT PK	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCAVO, ALTON J	
STREET ADDRESS	10275 LITTLE PATUXENT PK	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCGREGOR, DOUGLAS A	
STREET ADDRESS	10275 LITTLE PATUXENT PK	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAYTON, PATRICIA H.	
STREET ADDRESS	10275 LITTLE PATUXENT PK	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROTHSCHILD, BURCE I	
STREET ADDRESS	10275 LITTLE PATUXENT PK	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SZYMANSKI, JOHN J	
STREET ADDRESS	10275 LITTLE PATUXENT PK	
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 checked="" type="checkbox"/> Addition
6.2 NAME	VP
6.3 STREET ADDRESS	ELIZABETH A HULLINGER
6.4 CITY-ST-ZIP	10275 LITTLE PATUXENT PKWY COLUMBIA, MD 21044

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.01(3)(b), 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 Hullinger* ELIZABETH A HULLINGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

410-992-6000

Daytime Phone #

CR2E034 (1/98)