

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111135

FILED  
Jan 09, 2004  
Secretary of State

Entity Name: DESOTO SQUARE MALL FOOTACTION, INC.

## Current Principal Place of Business:

303 US 301 BLVD. WEST  
#635  
BRADENTON, FL 34205

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 141269  
IRVING, TX 750141269

## New Mailing Address:

FEI Number: 65-1156369

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: NEVILLE, R. SHAWN  
Address: 90 MCKEE  
City-St-Zip: MAHWAH, NJ 07340

Title: SVP ( ) Delete  
Name: APPLBAUM, LEE D  
Address: 90 MCKEE  
City-St-Zip: MAHWAH, NJ 07340

Title: VP ( ) Delete  
Name: COLTER, WARREN Z  
Address: 90 MCKEE  
City-St-Zip: MAHWAH, NJ 07340

Title: VPS ( ) Delete  
Name: LYNCH, MICHAEL  
Address: 90 MCKEE  
City-St-Zip: MAHWAH, NJ 07340

Title: VPAS ( ) Delete  
Name: WILSON, MARY BETH  
Address: 3201 ROYAL LANE  
City-St-Zip: IRVING, TX 75063

Title: AS ( ) Delete  
Name: GALANTE, ANDREA  
Address: 3201 ROYAL LANE  
City-St-Zip: IRVING, TX 75063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: WILSON, MARY BETH  
Address: 3201 ROYAL LANE  
City-St-Zip: IRVING, TX 75063

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY BETH WILSON

VP

01/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date