

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052362

FILED
Feb 17, 2004
Secretary of State

Entity Name: SIMON REALTY GROUP, INC.

Current Principal Place of Business:

5912 NORTH BRANCH AVENUE
TAMPA, FL 33604

New Principal Place of Business:

5912 NORTH BRANCH AVENUE
TAMPA, FL 336046702

Current Mailing Address:

P.O. BOX 8162
TAMPA, FL 33674

New Mailing Address:

P.O. BOX 8162
TAMPA, FL 336748162

FEI Number: 02-0599468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, CATHY L
5912 N BRANCH AVE
TAMPA, FL 336046702 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: PVST () Delete
Name: SIMON, CATHY L
Address: 5912 NORTH BRANCH AVENUE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: SIMON, CATHY L
Address: 5912 NORTH BRANCH AVENUE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRST (X) Change () Addition
Name: SIMON, CATHY L
Address: 5912 NORTH BRANCH AVENUE
City-St-Zip: TAMPA, FL 33604

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: CATHY L SIMON

PRST

02/17/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date