

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 016 \*\*\*150.00

**DOCUMENT # P06954**

1. Corporation Name  
**ROUSE-BAYSIDE, INC.**

Principal Place of Business  
% THE ROUSE COMPANY, JOHN J. SZYMANSKI  
10275 LITTLE PATUXENT PARKWAY  
COLUMBIA MD 21044

Mailing Address  
% THE ROUSE COMPANY, JOHN J. SZYMANSKI  
10275 LITTLE PATUXENT PARKWAY  
COLUMBIA MD 21044

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/01/1985**

4. FEI Number

**52-1464401**

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

2. Principal Place of Business

THE ROUSE COMPANY  
C/O TAX DEPARTMENT  
10275 LITTLE PATUXENT PARKWAY  
COLUMBIA, MARYLAND 21044

Suite, Apt. #, etc.

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 VP  
NAME YUNGMANN, GEORGE L  
STREET ADDRESS 10275 LITTLE PATUXENT  
CITY-ST-ZIP COLUMBIA MD ☐ DELETE

TITLE EVP  
NAME MCGREGOR, DOUGLAS A.  
STREET ADDRESS 10275 LITTLE PATUXENT  
CITY-ST-ZIP COLUMBIA MD ☐ DELETE

TITLE P  
NAME DEERING, ANTHONY W.  
STREET ADDRESS 10275 LITTLE PATUXENT  
CITY-ST-ZIP COLUMBIA MD ☐ DELETE

TITLE VP  
NAME DONAHUE, JEFFREY H.  
STREET ADDRESS 10275 LITTLE PATUXENT  
CITY-ST-ZIP COLUMBIA MD ☐ DELETE

TITLE V  
NAME SZYMANSKI, JOHN J.  
STREET ADDRESS 10275 LITTLE PATUXENT  
CITY-ST-ZIP COLUMBIA MD ☒ DELETE

TITLE S  
NAME ROTHSCHILD, BRUCE I  
STREET ADDRESS 10275 LITTLE PATUXENT  
CITY-ST-ZIP COLUMBIA MD ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE VP  
5.2 NAME ELIZABETH A HULLINGER  
5.3 STREET ADDRESS 10275 LITTLE PATUXENT PKWY  
5.4 CITY-ST-ZIP COLUMBIA, MD 21044 ☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Elizabeth A Hullinger* ELIZABETH A HULLINGER

Date

*4/22/99*

410-992-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)