

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07265

1. Entity Name

HOWARD RETAIL INVESTMENT CORPORATION

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90012 039 ***150.00

Principal Place of Business

Mailing Address

% THE ROUSE COMPANY
10275 LITTLE PATUXENT PARKWAY
COLUMBIA MD 21044

C/O TAX DEPARTMENT
10275 LITTLE PATUXENT PARKWAY
COLUMBIA MD 21044-3412

00025114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1464396**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DEERING, ANTHONY W.	
STREET ADDRESS	10275 LITTLE PATUXENT	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RIVER, GARY M.	
STREET ADDRESS	10275 LITTLE PATUXENT	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCGREGOR, DOUGLAS A	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DONAHUE, JEFFREY H.	
STREET ADDRESS	10275 LITTLE PATUXENT	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROTHSCHILD, BRUCE I	
STREET ADDRESS	10275 LITTLE PATUXENT	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HULLINGER, ELIZABETH A	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY	
CITY-ST-ZIP	COLUMBIA MD 21044	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON H. GLENN	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY	
CITY-ST-ZIP	COLUMBIA, MARYLAND 21044	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)