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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P11687 (1)

1. Corporation Name

THE SCRANTON OUTLET CORPORATION

Principal Place of Business

LONDONTOWN BLVD.  
ELDERSBURG MD 21784

Mailing Address

LONDONTOWN BLVD.  
ELDERSBURG MD 21784



3. Date Incorporated or Qualified

10/06/1986

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	
NAME	GREGORY, ROBERT E. J	1.2 NAME	
STREET ADDRESS	99 CAROLINA CLUB DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	SPARTANBURG SC	1.4 CITY- ST- ZIP	
TITLE	VPF	2.1 TITLE	CFO
NAME	KRELL, EDWARD	2.2 NAME	
STREET ADDRESS	1332 LONDONTOWN BLVD.	2.3 STREET ADDRESS	
CITY- ST- ZIP	ELDERSBURG MD	2.4 CITY- ST- ZIP	
TITLE	PD	3.1 TITLE	
NAME	CRAIN, WILLIAM	3.2 NAME	
STREET ADDRESS	10 NUTMEG DR	3.3 STREET ADDRESS	
CITY- ST- ZIP	GREENWICH CT	3.4 CITY- ST- ZIP	
TITLE	<del>XXXXXXXXXXXX</del>	4.1 TITLE	Assistant Secretary
NAME	<del>XXXXXXXXXXXX</del>	4.2 NAME	David Niehaus
STREET ADDRESS	<del>XXXXXXXXXXXX</del>	4.3 STREET ADDRESS	1332 Londontown Blvd.
CITY- ST- ZIP	<del>XXXXXXXXXXXX</del>	4.4 CITY- ST- ZIP	Eldersburg, Maryland 21784
TITLE	<del>XXXXXXXXXXXX</del>	5.1 TITLE	
NAME	<del>XXXXXXXXXXXX</del>	5.2 NAME	
STREET ADDRESS	<del>XXXXXXXXXXXX</del>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<del>XXXXXXXXXXXX</del>	5.4 CITY- ST- ZIP	
TITLE	S	6.1 TITLE	
NAME	FISHER, STUART B.	6.2 NAME	
STREET ADDRESS	285 RIVERSIDE DR #10G	6.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*David Niehaus*

David Niehaus

2/28/96

(410)549-8254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)