

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

DOCUMENT # P11687

1. Corporation Name

THE SCRANTON OUTLET CORPORATION

Principal Place of Business

**LONDONTOWN BLVD.
ELDERSBURG MD 21784**

Mailing Address

**LONDONTOWN BLVD.
ELDERSBURG MD 21784**

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90167 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1986

4. FEI Number

36-2956896

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

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

29

30

9. Name and Address of Current Registered Agent

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
GREGORY, ROBERT E. J
99 CAROLINA CLUB DR
SPARTANBURG SC** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
KRELL, EDWARD
1332 LONDONTOWN BLVD.
ELDERSBURG MD** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CRAIN, WILLIAM
10 NUTMEG DR
GREENWICH CT** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
NIEHAUS, DAVID
1332 LONDONTOWN BLVD
ELDERSBURG MA** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FISHER, STUART B.
285 RIVERSIDE DR #10G
NEW YORK NY** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature] ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**PRESIDENT / CEO
William Dragon
10219 NE 59TH STREET
Kirkland, WA 98033** ☐ Change ☒ Addition

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/99

(410) 795-5900

CR2E034 (11/98)