

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P18805 (2)  
1. Corporation Name  
ROUSE KENDALL MANAGEMENT CORPORATION

Principal Place of Business  
% THE ROUSE COMPANY  
10275 LITTLE PATUXENT PARKWAY  
COLUMBIA MD 21044-3456

Mailing Address  
C/O THE ROUSE COMPANY  
10275 LITTLE PATUXENT PARKWAY  
COLUMBIA MD 21044  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/13/1988	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 65-0032558	Applied For Not Applicable
22 City & State	28	29 City & State	31	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGREGOR, DOUGLAS A	1.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PK	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHSCHILD, BRUCE I	2.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PK	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWESOW, DAVID R.	3.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PK	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, KATHLEEN E.	4.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PK	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZYMANSKI, JOHN J	5.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PK	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEERING, ANTHONY W	6.2 NAME	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/24/98 Daytime Phone: # 410-992-6468 0008815

CR2E034 (10/97)