

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 020 ***150.00

DOCUMENT # P18805

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

2. Principal Place of Business

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

04/13/1988

4. FEI Number

65-0032558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

5. 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

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	<input type="checkbox"/> DELETE
NAME	MCGREGOR, DOUGLAS A	
STREET ADDRESS	10275 LITTLE PATUXENT PK	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROTHSCHILD, BRUCE I	
STREET ADDRESS	10275 LITTLE PATUXENT PK	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SCHWIESOW, DAVID R.	
STREET ADDRESS	10275 LITTLE PATUXENT PK	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BARRY, KATHLEEN E.	
STREET ADDRESS	10275 LITTLE PATUXENT PK	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SZYMANSKI, JOHN J	
STREET ADDRESS	10275 LITTLE PATUXENT PK	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DEERING, ANTHONY W	
STREET ADDRESS	10275 LITTLE PATUXENT PKWY	
CITY-ST-ZIP	COLUMBIA MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP
5.3 STREET ADDRESS	ELIZABETH A HULLINGER
5.4 CITY-ST-ZIP	10275 LITTLE PATUXENT PKWY COLUMBIA, MD 21044
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

Elizabeth A Hullinger

ELIZABETH A HULLINGER

Date

4/27/99

Daytime Phone #

410-992-6000

CR2E034 (11/98)