

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
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90141 044 ***150.00

DOCUMENT # **P24276**

1. Corporation Name
AMERICAN RETAIL PROPERTIES, INC.

Principal Place of Business
**C/O AMERICAN RETAIL GROUP INC
1114 AVE OF THE AMERICAS SUITE 2702
NEW YORK NY 10036
US**

Mailing Address
**1114 AVE OF THE AMERICAS
28TH FLOOR
NEW YORK NY 10036
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1989

4. FEI Number

22-2256839

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 1114 Avenue of the Americas

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 28th Floor

27

City & State

City & State

23 New York, NY

28

Zip

Country

Zip

Country

24 10036

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **D** ☐ DELETE
NAME **BRENNINKMEYER, ROLAND HUGO**
STREET ADDRESS **105 WEST SUPERIOR STREET**
CITY-ST-ZIP **DULUTH MN**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☐ DELETE
NAME **BRENNINKMYER, LOUIS**
STREET ADDRESS **6251 CROOKED CREEK RD**
CITY-ST-ZIP **NORCROSS GA**

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

TITLE **SV** ☐ DELETE
NAME **BREININ, BARTLEY J**
STREET ADDRESS **1114 AVE OF THE AMERICAS, 28TH FLOOR**
CITY-ST-ZIP **NEW YORK NY**

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

TITLE **VT** ☐ DELETE
NAME **ALLEX, KENNETH R.**
STREET ADDRESS **1114 AVE OF THE AMERICAS, 28TH FLOOR**
CITY-ST-ZIP **NEW YORK NY**

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

TITLE **V** ☐ DELETE
NAME **BURGESS, JOHN**
STREET ADDRESS **2501 EAST GUASTI ROAD**
CITY-ST-ZIP **ONTARIO CA**

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

TITLE **V** ☒ DELETE
NAME **PAINTER, JAMES**
STREET ADDRESS **1114 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY**

6.1 TITLE ☐ Change ☐ Addition
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:

Bartley J Breinin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

(212) 704-3000

Date

Daytime Phone #

CR2E034 (11/98)