

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90120 027 ***150.00

DOCUMENT # P24276

1. Entity Name
AMERICAN RETAIL PROPERTIES, INC.

Principal Place of Business AVENUE OF THE AMERICAS 28TH FLOOR NEW YORK NY 10036 US	Mailing Address 1114 AVE OF THE AMERICAS 28TH FLOOR NEW YORK NY 10036-7703 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 22-2256839	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNINKMEYER, ROLAND HUGO		NAME		
STREET ADDRESS	105 WEST SUPERIOR STREET		STREET ADDRESS		
CITY-ST-ZIP	DULUTH MN		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNINKMYER, LOUIS		NAME	Brenninkmeyer, Johannes A.P.	
STREET ADDRESS	6251 CROOKED CREEK RD		STREET ADDRESS	586 Argus Road	
CITY-ST-ZIP	NORCROSS GA		CITY-ST-ZIP	Oakville, Ontario, Canada	
TITLE	SV	<input type="checkbox"/> Delete	TITLE	S/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREININ, BARTLEY J		NAME	Tedeschi, William P.	
STREET ADDRESS	1114 AVE OF THE AMERICAS, 28TH FLOOR		STREET ADDRESS	6251 Crooked Creek Road	
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP	Norcross, GA 30092	
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEX, KENNETH R.		NAME	Jackson, Howard	
STREET ADDRESS	1114 AVE OF THE AMERICAS, 28TH FLOOR		STREET ADDRESS	1114 Avenue of the Americas, 28th Floor	
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP	New York, NY 10036	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, JOHN		NAME		
STREET ADDRESS	2501 EAST GUASTI ROAD		STREET ADDRESS		
CITY-ST-ZIP	ONTARIO CA		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D/SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Nesbitt, Ronald G.	
STREET ADDRESS			STREET ADDRESS	1114 Avenue of the Americas, 28th Floor	
CITY-ST-ZIP			CITY-ST-ZIP	New York, NY 10036	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Howard Jackson **REQUIRED** Howard Jackson **4/27/2000** **(212) 704-5352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)