

SHOPPING CENTER BUSINESS™

Capital Markets Resource Guide

- Please complete **all fields** on **BOTH** pages of this form.
- Then click "Submit" button to the right.
- Your company's information will be submitted to us via email.
- If you have any questions about this form, please call 404-832-8262.

SUBMIT

If you would like confirmation we have received your submission, enter your email address:

Company Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Origination Contacts (up to 6) & Titles:

Types of shopping centers for which you provide financing:

- Super Regional Mall
- Regional Mall
- Power Center
- Neighborhood Center
- Community Center
- Outlet Center
- Urban/Street Retail
- NNN Retail Properties

Property Class:

- Class A
- Class B & C

City Classifications:

- Major Metro Area
- Secondary City
- Tertiary City

Minimum Loan: _____

Maximum Loan: _____

2007 Volume Level: _____

Projected 2008 Volume Level: _____

Types of loans:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Renovation | <input type="checkbox"/> Second Mortgage Debt | <input type="checkbox"/> Mini Permanent |
| <input type="checkbox"/> Permanent Financing | <input type="checkbox"/> Acquisition/Construction | <input type="checkbox"/> Credit Enhancements | <input type="checkbox"/> Earnouts |
| <input type="checkbox"/> Bridge Financing | <input type="checkbox"/> Standby Financing | <input type="checkbox"/> Joint Ventures | |
| <input type="checkbox"/> Forward Commitments | <input type="checkbox"/> Off Balance Sheet Financing | <input type="checkbox"/> Mezzanine/Participating Debts | |

Advisory Services: M&A Securitization

How Would You Rank Debt Capital Availability for 2008? Poor Good Excellent

Are You Securitizing or Holding Loans? Securitizing Holding

Do You Have Branch Offices? Yes (Please enter in box on second page) No

Are You a Direct Lender? Yes No

Are You an Intermediary (mortgage broker/third-party lender)? Yes No

If you have problems submitting this form electronically, you can fax it to 404-832-8260

Whom should we contact with questions about this form? (Not for print):
 Name, Email and Phone: _____

LEADING THE WAY THROUGH THE 21ST CENTURY
**SHOPPING CENTER
BUSINESS™**

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Company Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Are you active: Nationally Regionally*

*If regional, in which area(s) are you active:

Southeast Southwest Northeast Northwest Midwest

Branch Offices:

Please list up to 5 locations of your branch offices (city and state).

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