## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064539

Entity Name: GREAT HILLS RETAIL, INC.

**Current Principal Place of Business:** 

1801 HERMITAGE BLVD, STE 600 TALLAHASSEE, FL 32308

**Current Mailing Address:** 

191 N WACKER DRIVE SUITE 2500 CHICAGO, IL 60606

FEI Number: 36-2512191 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Apr 24, 2015

**Secretary of State** 

CC0226010460

Officer/Director Detail:

VAT Title Title

Name SPOOK, STEPHEN A Name BOLLMAN, TED

1801 HERMITAGE BLVD, STE 600 Address 1801 HERMITAGE BLVD STE 100 Address

TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip:

Title Title VAS

Name HUDGINS, MARK S GRAY, LYNNE M Name

191 N WACKER DR STE 2500 1801 HERMITAGE BLVD STE 100 Address Address

CHICAGO IL 60606 City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip:

Title Title VS

Name CHRISTENSEN, LAWRENCE J Name MCCARTHY, THOMAS D

191 N WACKER DRIVE Address 191 N WACKER DR STE 2500 Address

**SUITE 2500** CHICAGO IL 60606

City-State-Zip: CHICAGO IL 60606

Title **PRESIDENT** Title **DIRECTOR** 

Name TOGNARELLI, MAURY R Name HAZEN, MAUREEN

Address 191 N WACKER DRIVE 1801 HERMITAGE BLVD, STE 600 Address **SUITE 2500** 

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: CHICAGO IL 60606

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS D MCCARTHY

VICE PRESIDENT & SECRETARY

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name TAYLOR, LAMAR

Address 1801 HERMITAGE BLVD, STE 600

City-State-Zip: TALLAHASSEE FL 32308