

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000002503

**FILED**  
**May 01, 2017**  
**Secretary of State**  
**CC5929278753**

**Entity Name:** ORLANDO OUTLET OWNER LLC

**Current Principal Place of Business:**

225 W. WASHINGTON ST.  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

225 W. WASHINGTON ST., P.O. BOX 7033  
C/O CORPORATE PARALEGAL  
INDIANAPOLIS, IN 46207-7033

**FEI Number:** 20-2288345

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ORLANDO OUTLET & DESIGN OWNER LLC  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title CHAIRMAN OF THE BOARD  
Name SIMON, DAVID  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title CEO  
Name YALOF, STEPHEN  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title EXECUTIVE VICE PRESIDENT - CHIEF OPERATING OFFICER  
Name SILVESTRI, MARK  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name WEINSTEIN, LAWRENCE  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name SOKOLOV, RICHARD S  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name JUSTER, ANDREW  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name RULLI, JOHN  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN E. FIVEL

**AUTHORIZED PERSON**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name DEVITA, DANIELLE  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name BROAS, MATTHEW  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title ASSISTANT SECRETARY  
Name GUGIG, DARRYL  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title ASSISTANT SECRETARY  
Name SNYDER, ALEXANDER LW  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name THYGESEN, MIKAEL  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER  
Name MCDADE, BRIAN  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY AND GENERAL  
COUNSEL  
Name FIVEL, STEVEN  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204