2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000003376

Entity Name: SHOPCORE PROPERTIES TRS MANAGEMENT LLC

FILED
Apr 09, 2019
Secretary of State
4354644061CC

Current Principal Place of Business:

C/O SHOPCORE PROPERTIES 10920 VIA FRONTERA, SUITE 220 SAN DIEGO, CA 92127

Current Mailing Address:

C/O SHOPCORE PROPERTIES 10920 VIA FRONTERA, SUITE 220 SAN DIEGO, CA 92127 US

FEI Number: 27-4419114 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:

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MBR Title PRESIDENT & CEO

Name EXCEL TRS INC. Name PETHERBRIDGE, LUKE

Address C/O SHOPCORE PROPERTIES Address 233 S. WACKER DRIVE

10920 VIA FRONTERA, SUITE 220 SUITE 3400

City-State-Zip: SAN DIEGO CA 92127 City-State-Zip: CHICAGO IL 60606

Title CFO, TREASURER & EVP Title EVP-ASSET MANAGEMENT

Name NAKAGAWA, JAMES Y. Name KESSINGER, KEVIN

Address 10920 VIA FRONTERA, SUITE 220 Address 233 S. WACKER DRIVE

City-State-Zip: SAN DIEGO CA 92127

City-State-Zip: CHICAGO IL 60606

Title EVP-LEASING AND DEVELOPMENT
Title SVP & GENERAL COUNSEL

Name DIETERLE, DAVID Name MADWAY, LINDA

Address 233 S. WACKER DRIVE SUITE 3400 Address 50 S. 16TH STREET

SUITE 3325

City-State-Zip: CHICAGO IL 60606

City-State-Zip: PHILADELPHIA PA 19102

Title VP-DEVELOPMENT

 Name
 DONLEY, BRIAN
 Title
 VP- LEASING

 Address
 233 S. WACKER DRIVE
 Name
 MAGGIO, PETER

SUITE 3400 Address 50 S. 16TH STREET

SUITE 3325

City-State-Zip: CHICAGO IL 60606

City-State-Zip: PHILADELPHIA PA 19102

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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: LINDA MADWAY SVP 04/09/2019

Authorized Person(s) Detail Continued:

Title VP-LEASING

Name GERVIN, WILLIAM

Address 10920 VIA FRONTERA, SUITE 220

City-State-Zip: SAN DIEGO CA 92127

Title AUTHORIZED SIGNATORY

Name HUTZEL, STEPHEN

Address 233 S. WACKER DRIVE

SUITE 3400

City-State-Zip: CHICAGO IL 60606

Title VP-LEASING, SPECIALTY CENTER

Name ROGERS, NINA

Address 50 S. 16TH STREET

SUITE 3325

City-State-Zip: PHILADELPHIA PA 19102