

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000001610

1. Entity Name
GGP TITLE, INC.



Principal Place of Business
110 NORTH WACKER DRIVE
CHICAGO, IL 60606

Mailing Address
110 NORTH WACKER DRIVE
CHICAGO, IL 60606



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4427632

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000147331
05/03/04-80102-004 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
BUCKSBAUM, JOHN
110 NORTH WACKER DRIVE
CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MICHAELS, ROBERT A
110 NORTH WACKER DRIVE
CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
FREIBAUM, BERNARD
110 NORTH WACKER DRIVE
CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
BAYER, JOEL
110 NORTH WACKER DRIVE
CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
EISENBERG, MARSHALL E
2 N. LASALLE STE 2200
CHICAGO, IL 60602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
SIGEL, HOWARD A
110 N. WACKER DR.
CHICAGO, IL 60606

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard Freibaym

4-16-04

312-960-5205

Date

Daytime Phone #