


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000001610</b> 1. Entity Name GGP TITLE, INC.	
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Principal Place of Business 110 NORTH WACKER DRIVE CHICAGO, IL 60606	Mailing Address 110 NORTH WACKER DRIVE CHICAGO, IL 60606
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**DO NOT WRITE IN THIS SPACE**



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4427632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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:**  **BERNARD FREIBAUM** **2-22-05** **312-960-5205**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #