

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 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



04182007 No Chg-P CR2E034 (11/05)

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CEO
NAME	BUCKSBAUM, JOHN
STREET ADDRESS	110 NORTH WACKER DRIVE
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	PD
NAME	MICHAELS, ROBERT A
STREET ADDRESS	110 NORTH WACKER DRIVE
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	VTD
NAME	FREIBAUM, BERNARD
STREET ADDRESS	110 NORTH WACKER DRIVE
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	VAS
NAME	RONALD L. GERN
STREET ADDRESS	110 NORTH WACKER DRIVE
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	S
NAME	CAROL A. WILLIAMS
STREET ADDRESS	110 NORTH WACKER DRIVE
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	AS
NAME	SIGEL, HOWARD A
STREET ADDRESS	110 N. WACKER DR.
CITY-ST-ZIP	CHICAGO, IL 60606

**DO NOT WRITE  
IN THIS SPACE**

U00000753093  
05/22/07-80005-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/19/07 312-960-5000  
Date Daytime Phone #