

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F03000004667

1. Entity Name
GGP-LAKELAND, INC.



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

Mailing Address
110 NORTH WACKER DRIVE
BSC R-13
CHICAGO, IL 60606



02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1539133

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

1100000246879
02/28/05-80084-018 150.00

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE VAS
NAME GERN, RONALD L
STREET ADDRESS 110 NORTH WACKER DRIVE
CITY-ST-ZIP CHICAGO, IL 60606

TITLE S
NAME EISENBERG, MARSHALL E
STREET ADDRESS TWO NORTH LASALLE STREET, SUITE 2200
CITY-ST-ZIP CHICAGO, IL 60602

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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 Freilbaum 2-27-05 312-960-5205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #