FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:56

DOCUMENT # **F93000005528 (5)**

1. Corporation Name
SIMON PROPERTY GROUP, INC.

Principal Place of Business	Mailing Address
SUITE 15-E 115 WEST WASHINGTON STREET INDIANAPOLIS IN 46204	PO BOX 7066 TAX DEPT. INDIANAPOLIS IN 46207 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc (22):
Suite, Apt. #, etc (27):

City & State (23):
City & State (28):

Zip (24):
Country (25): US
Zip (29):
Country (30):

4. FEI Number: 35-1901999 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(signature required if registered agent is changing) (NOTE: Registered agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	SIMON, MELVIN	12 NAME		
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 15 EAST	13 STREET ADDRESS		
CITY ST ZIP	INDIANAPOLIS IN 46204	14 CITY ST ZIP		
TITLE	CEOD	21 TITLE	C D	☒ Change ☐ Addition
NAME	SIMON, HERBERT	22 NAME		
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 15 EAST	23 STREET ADDRESS		
CITY ST ZIP	INDIANAPOLIS IN 46204	24 CITY ST ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	SIMON, DAVID	32 NAME		
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 15 EAST	33 STREET ADDRESS		
CITY ST ZIP	INDIANAPOLIS IN 46204	34 CITY ST ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	FOXWORTHY, RANDOLPH L	42 NAME		
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 15 EAST	43 STREET ADDRESS		
CITY ST ZIP	INDIANAPOLIS IN 46204	44 CITY ST ZIP		
TITLE	V	51 TITLE		☒ Change ☐ Addition
NAME	GARVEY, WILLIAM J	52 NAME	DENNIS CAVANAGH	
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 15 EAST	53 STREET ADDRESS		
CITY ST ZIP	INDIANAPOLIS IN 46204	54 CITY ST ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	NAPOLI, JAMES A	62 NAME		
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 15 EAST	63 STREET ADDRESS		
CITY ST ZIP	INDIANAPOLIS IN 46204	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ HERBERT SIMON M.S. 4/19/95 (317) 263-2382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D384807 CP