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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000005528 (5)

1. Corporation Name

SIMON DEBARTOLO GROUP, INC.

3640



Principal Place of Business

SUITE 15-E
115 WEST WASHINGTON STREET
INDIANAPOLIS IN 46204

Mailing Address

PO BOX 7066
TAX DEPT.
INDIANAPOLIS IN 46207-7066
US

3. Date Incorporated or Qualified
12/06/1993

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 s. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME SIMON, MELVIN
STREET ADDRESS 115 WEST WASHINGTON STREET, SUITE 15 EAST
CITY-ST-ZIP INDIANAPOLIS IN 46204

TITLE CD
NAME SIMON, HERBERT
STREET ADDRESS 115 WEST WASHINGTON STREET, SUITE 15 EAST
CITY-ST-ZIP INDIANAPOLIS IN

TITLE PD
NAME SIMON, DAVID
STREET ADDRESS 115 WEST WASHINGTON STREET, SUITE 15 EAST
CITY-ST-ZIP INDIANAPOLIS IN 46204

TITLE VD
NAME FOXWORTHY, RANDOLPH L
STREET ADDRESS 115 WEST WASHINGTON STREET, SUITE 15 EAST
CITY-ST-ZIP INDIANAPOLIS IN 46204

TITLE V
NAME CAVANAGH, DENNIS
STREET ADDRESS 115 WEST WASHINGTON STREET, SUITE 15 EAST
CITY-ST-ZIP INDIANAPOLIS IN

TITLE V
NAME NAPOLI, JAMES A
STREET ADDRESS 115 WEST WASHINGTON STREET, SUITE 15 EAST
CITY-ST-ZIP INDIANAPOLIS IN 46204

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 unchanged, or on an attachment with an address.

SIGNATURE

[Signature]

Herbert Simon

4-25-97

3172632325

CP2E034 (9/96)