

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 09 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F95000001713 (5)

1. Corporation Name

HOMART MANAGEMENT CO. - FLORIDA

Principal Place of Business

%GENERAL GROWTH PROPERTIES
55 W. MONROE/SUITE 3100
CHICAGO IL 60603
US

Mailing Address

%GENERAL GROWTH PROPERTIES
55 W. MONROE/SUITE 3100
CHICAGO IL 60603
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1995

4. FEI Number

36-4015111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1201 HAYS ST
TALLAHASSEE FL 32301

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 AS ☐ DELETE

NAME CHUPAK, EDWARD A
STREET ADDRESS 55 W MONROE STE 3100
CITY-ST-ZIP CHICAGO IL

TITLE PD ☐ DELETE

NAME MICHAELS, ROBERT
STREET ADDRESS 55 WEST MONROE, SUITE 3100
CITY-ST-ZIP CHICAGO IL

TITLE VPD ☐ DELETE

NAME FREIBAUM, BERNARD
STREET ADDRESS 55 WEST MONROE, SUITE 3100
CITY-ST-ZIP CHICAGO IL

TITLE VPD ☐ DELETE

NAME BUCKSBAUM, JOHN
STREET ADDRESS 55 WEST MONROE, SUITE 3100
CITY-ST-ZIP CHICAGO IL

TITLE CEO ☐ DELETE

NAME BUCKSBAU, MATTHEW
STREET ADDRESS 55 W MONROE STE 3100
CITY-ST-ZIP CHICAGO IL

TITLE S ☐ DELETE

NAME EISENBERG, MARSHALL
STREET ADDRESS 55 W MONROE STE 3100
CITY-ST-ZIP CHICAGO IL

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 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 if changed, or on an attachment with an address.

SIGNATURE:

Bernard Freibaum

(312) 551-5164

CR2E034 (10/97)