

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000005953

1. Entity Name  
GGP/HOMART, INC.



Principal Place of Business  
110 N. WACKER  
CHICAGO, IL 60606

Mailing Address  
110 N. WACKER  
CHICAGO, IL 60606



04062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-4032784

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

000000146073  
05/03/04-80053-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC BUCKSBAUM, MATTHEW D 110 N. WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPCO MICHAELS, ROBERT A 110 N. WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO BUCKSBAUM, JOHN 110 N. WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPCF FREIBAUM, BERNARD 110 N. WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EISENBERG, MARSHALL 2 N. LASALLE STREET, SUITE 2200 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS WILLIAMS, CAROL A 110 N. WACKER CHICAGO, IL 60606

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard Freibaum

4-16-04

Date

312-960-5205

Daytime Phone #