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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90203 031 ***150.00

DOCUMENT # F95000006038

1. Corporation Name

GGP-LAKELAND SQUARE, INC.



Principal Place of Business
55 W. MONROE ST., 31ST FL.
CHICAGO IL 60603

Mailing Address

55 W. MONROE STREET
SUITE 3100 BSC 29-02
CHICAGO IL 60603
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 110 N. Wacker
Suite, Apt. #, etc.

22

City & State

23 Chicago, IL

Zip Country

24 60606 25 USA

2a. Mailing Address

26 110 N. Wacker
Suite, Apt. #, etc.

27

City & State

28 Chicago, IL

Zip Country

29 60606 30 USA

3. Date Incorporated or Qualified

12/12/1995

4. FEI Number

36-4064274

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE DVT ☐ DELETE

NAME FREIBAUM, BERNARD

STREET ADDRESS 55 W. MONROE, 31ST FL.

CITY-ST-ZIP CHICAGO IL 60603

TITLE DV ☐ DELETE

NAME BUCKSBAUM, JOHN

STREET ADDRESS 55 W. MONROE, 31ST FL.

CITY-ST-ZIP CHICAGO IL 60603

TITLE DP ☐ DELETE

NAME MICHAELS, ROBERT A

STREET ADDRESS 55 W. MONROE, 31ST FL.

CITY-ST-ZIP CHICAGO IL 60603

TITLE VAS ☐ DELETE

NAME BAYER, JOEL

STREET ADDRESS 55 W. MONROE, 31ST FL.

CITY-ST-ZIP CHICAGO IL 60603

TITLE S ☐ DELETE

NAME EISENBERG, MARSHALL E

STREET ADDRESS 2 N. LASALLE, STE. 2100

CITY-ST-ZIP CHICAGO IL 60602

TITLE AS ☐ DELETE

NAME CHUPACK, EDWARD A.

STREET ADDRESS 55 W. MONROE 31ST FLOOR

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 110 N. Wacker

1.4 CITY-ST-ZIP Chicago, IL 60606

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 110 N. Wacker

2.4 CITY-ST-ZIP Chicago, IL 60606

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 110 N. Wacker

3.4 CITY-ST-ZIP Chicago, IL 60606

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 110 N. Wacker

4.4 CITY-ST-ZIP Chicago, IL 60606

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 John E. Schippel

6.3 STREET ADDRESS 110 N. Wacker

6.4 CITY-ST-ZIP Chicago, IL 60606

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED BERNARD FREIBAUM

3-31-99

(312) 960-5205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #