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 FEB -1 AM 11:28

DOCUMENT # P22357 (8)

1. Corporation Name
GENERAL GROWTH MANAGEMENT, INC.

Principal Place of Business	Mailing Address
400 SO HWY 169 STE 800 MINNEAPOLIS MN 55426 US	400 SO HWY 169 STE 800 MINNEAPOLIS MN 55426 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1988
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 42-1285297 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 Country — 25 Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Prentice-Hall Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hayes Street
83: Suite 105
84 City: Tallahassee FL 85 Zip Code: 32301

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, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLAR, JOHN	1.2 NAME	
STREET ADDRESS	400 S HWY 169	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	P/D ☒ Change ☐ Addition
NAME	MICHAELS, ROBERT	2.2 NAME	Robert A. Michaels
STREET ADDRESS	400 S HWY 169	2.3 STREET ADDRESS	400 South Highway 169, #800
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP	Minneapolis, MN 55426
TITLE	~~PD~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~EUCHER, RALPH~~	3.2 NAME	
STREET ADDRESS	~~400 S HWY 169~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~MINNEAPOLIS MN~~	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BUCKSBAUM, MATTHEW	4.2 NAME	
STREET ADDRESS	215 KEO	4.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	WINNER, ALAN	5.2 NAME	
STREET ADDRESS	400 SO HWY 169 #800	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Alan Winner Secretary 1/13/95 612-525-1200
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Title Daytime Phone #

0487400 FP