

2-10-97 B-1593 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 10 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 # P22357 (8)

1. Corporation Name
GENERAL GROWTH MANAGEMENT, INC.

Principal Place of Business

400 SO HWY 169
STE 800
MINNEAPOLIS MN 55426
US

Mailing Address

400 SO HWY 169
STE 800
MINNEAPOLIS MN 55426-1116
US



3. Date Incorporated or Qualified 12/30/1988	3a. Date of Last Report 02/06/1996
4. FEI Number 42-1285297	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM 1201 HAYES STREET SUITE 105 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELS, ROBERT A.	2.2 NAME	
STREET ADDRESS	400 SOUTH HIGHWAY 169, #800	2.3 STREET ADDRESS	
CITY- ST- ZIP	MINNEAPOLIS MN	2.4 CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Chairman of the Board/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKSBAUM, MATTHEW	3.2 NAME	Matthew Bucksbaum
STREET ADDRESS	215 KEO	3.3 STREET ADDRESS	55 West Monroe
CITY- ST- ZIP	DES MOINES IA	3.4 CITY- ST- ZIP	Chicago, IL 60603
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINNER, ALAN	4.2 NAME	Kevin Soule
STREET ADDRESS	400 SO HWY 169 #800	4.3 STREET ADDRESS	400 South Highway 169, #800
CITY- ST- ZIP	MINNEAPOLIS MN	4.4 CITY- ST- ZIP	Minneapolis, MN 55426
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	John Bucksbaum
STREET ADDRESS		5.3 STREET ADDRESS	55 West Monroe
CITY- ST- ZIP		5.4 CITY- ST- ZIP	Chicago, IL 60603
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Bernard Freibaum
STREET ADDRESS		6.3 STREET ADDRESS	55 West Monroe
CITY- ST- ZIP		6.4 CITY- ST- ZIP	Chicago, IL 60603

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0503, 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: Kevin Soule 612-525-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)