

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22357

FILED
Jun 22, 2009
Secretary of State

Entity Name: GENERAL GROWTH MANAGEMENT, INC.

Current Principal Place of Business:

110 N WACKER DR.
CHICAGO, IL 60606 US

New Principal Place of Business:

Current Mailing Address:

110 N WACKER DR.
CHICAGO, IL 60606 US

New Mailing Address:

FEI Number: 42-1285297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRENTICE-HALL CORPORATION SYSTEM
1201 HAYES STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: BUCKSBAUM, JOHN
Address: 110 N WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: DVCF () Delete
Name: FREIBAUM, BERNARD
Address: 110 N WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: DP () Delete
Name: ROBERTS, MICHAEL A
Address: 110 N WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: SVP () Delete
Name: BAYER, JOEL
Address: 110 N WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: SVP () Delete
Name: BERMAN, ALEXANDER
Address: 110 N WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: VP () Delete
Name: COURTIS, KATHLEEN
Address: 110 N WACKER DR.
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NOLAN JR., THOMAS H
Address: 110 N WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: T (X) Change () Addition
Name: HOYT, EDMUND J
Address: 110 N WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: D (X) Change () Addition
Name: ROBERTS, MICHAEL A
Address: 110 N WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA J. WIGHT

Electronic Signature of Signing Officer or Director

AS

06/22/2009

_____ Date