

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116377

Entity Name: SHOPS AT SADDLE CREEK, INC.

Current Principal Place of Business:

1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE, FL 32308

FILED
Apr 24, 2015
Secretary of State
CC3969346396

Current Mailing Address:

191 N WACKER DRIVE
SUITE 2500
CHICAGO, IL 60606

FEI Number: 05-0590697

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
FORT LAUDERDALE, FL 33324 US

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

Officer/Director Detail :

Title D
Name SPOOK, STEPHEN A
Address 1801 HERMITAGE BOULEVARD,
SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

Title VAS
Name PROCTOR, TOM
Address 1801 HERMITAGE BLVD
SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

Title VAT
Name GRAY, LYNNE M
Address 1801 HERMITAGE BOULEVARD,
SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

Title V
Name HUDGINS, MARK S
Address 191 NORTH WACKER DRIVE, SUITE
2500
City-State-Zip: CHICAGO IL 60606

Title VS
Name MCCARTHY, THOMAS D
Address 191 N. WACKER DR., SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VT
Name CHRISTENSEN, LAWRENCE J
Address 191 N WACKER DRIVE
SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT
Name TOGNARELLI, MAURY R
Address 191 N WACKER DRIVE
SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name HAZEN, MAUREEN
Address 1801 HERMITAGE BLVD
SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

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I hereby 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 all other like empowered.

SIGNATURE: THOMAS D MCCARTHY

**VICE PRESIDENT &
SECRETARY**

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TAYLOR, LAMAR
Address 1801 HERMITAGE BLVD
 SUITE 100
City-State-Zip: TALLAHASSEE FL 32308