

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064539

Entity Name: GREAT HILLS RETAIL, INC.

Current Principal Place of Business:

1801 HERMITAGE BLVD, STE 600
TALLAHASSEE, FL 32308

Current Mailing Address:

191 N WACKER DRIVE
SUITE 2500
CHICAGO, IL 60606

FEI Number: 36-2512191

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, 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 BLVD STE 100
City-State-Zip: TALLAHASSEE FL 32308

Title VAT
Name BOLLMAN, TED
Address 1801 HERMITAGE BLVD, STE 600
City-State-Zip: TALLAHASSEE FL 32308

Title VAS
Name GRAY, LYNNE M
Address 1801 HERMITAGE BLVD STE 100
City-State-Zip: TALLAHASSEE FL 32308

Title V
Name HUDGINS, MARK S
Address 191 N WACKER DR STE 2500
City-State-Zip: CHICAGO IL 60606

Title VS
Name MCCARTHY, THOMAS D
Address 191 N WACKER DR STE 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, STE 600
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, STE 600
City-State-Zip: TALLAHASSEE FL 32308