

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000020123

**Entity Name:** RPT LENDER, INC.

**Current Principal Place of Business:**

225 W. WASHINGTON ST.  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

C/O CORPORATE PARALEGAL  
225 W. WASHINGTON ST.  
INDIANAPOLIS, IN 46204

**FEI Number:** 27-2075856

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT 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           DIRECTOR, COB, CEO  
Name           SIMON, DAVID  
Address        225 W. WASHINGTON ST., P.O. BOX  
                  7033  
City-State-Zip: INDIANAPOLIS IN 46207

Title           DIRECTOR, COO, PRESIDENT  
Name           SOKOLOV, RICHARD S  
Address        225 W. WASHINGTON ST., P.O. BOX  
                  7033  
City-State-Zip: INDIANAPOLIS IN 46207

Title           SEC AND GC  
Name           FIVEL, STEVEN E  
Address        225 W. WASHINGTON ST., P.O. BOX  
                  7033  
City-State-Zip: INDIANAPOLIS IN 46207

Title           ASST SEC  
Name           SNYDER, ALEXANDER LW  
Address        225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title           EVP - CFO AND TREASURER  
Name           MCDADE, BRIAN J  
Address        225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title           PRESIDENT OF MALLS - CAO  
Name           RULLI, JOHN  
Address        225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

*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:** STEVEN E. FIVEL

**SECRETARY**

**04/13/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date