

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003569

Entity Name: SPG PARTNERS GP, LLC

Current Principal Place of Business:

225 WEST WASHINGTON STREET
INDIANAPOLIS, IN 46204

Current Mailing Address:

225 WEST WASHINGTON ST, PO BOX 7033
C/O CORPORATE PARALEGAL
INDIANAPOLIS, IN 46207

FEI Number: 68-0631154

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

Authorized Person(s) Detail :

Title MGRM
Name SPG MEMBER, LLC
Address 225 WEST WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46204

Title MGRM
Name SIMON PROPERTY GROUP, L.P.
Address 225 WEST WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46204

Title VP
Name BROAS, MATTHEW
Address 399 PARK AVE
29TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title SECRETARY
Name FIVEL, STEVEN
Address 225 WEST WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46204

Title VP
Name MCDADE, BRIAN
Address 225 WEST WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46204

Title VP
Name RULLI, JOHN
Address 225 WEST WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46204

Title EVP AND COO
Name SILVESTRI, MARK
Address 399 PARK AVE
29TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title CHAIRMAN
Name SIMON, DAVID
Address 225 WEST WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46204

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THERESA MCCLURE

AUTHORIZED REP.

04/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name KELLY, KEVIN M
Address 225 WEST WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46204

Title VP
Name THYGESEN, MIKAEL
Address 225 WEST WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER
Name FREY, DONALD G
Address 225 WEST WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46204