

**2020 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 ASST. SECRETARY  
Name GUGIG, DARRYL  
Address 60 COLUMBIA RD  
BUILDING B 3RD FL  
City-State-Zip: MORRISTOWN NJ 07960

Title VP AND TREASURER  
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

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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:** STEVEN E FIVEL

**SECRETARY**

**06/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title CHAIRMAN  
Name SIMON, DAVID  
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 ASST. SECRETARY  
Name SNYDER, ALEXANDER  
Address 225 WEST WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

Title PRESIDENT  
Name WEINSTEIN, LAWRENCE  
Address 60 COLUMBIA RD  
BUILDING B 3RD FL  
City-State-Zip: MORRISTOWN NJ 07960