

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000400

Entity Name: ALTAMONTE MALL, LLC**Current Principal Place of Business:**350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
CHICAGO, IL 60654**Current Mailing Address:**350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
CHICAGO, IL 60654 US**FEI Number:** 36-4238814**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 EVP, GC, SECRETARY, MANAGER
Name HERRON, STACIE L.
Address 350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO IL 60654

Title CEO
Name MATHRANI, SANDEEP
Address 350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO IL 60654

Title EVP, COO, MANAGER
Name CHUPAILA, JARED
Address 350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO IL 60654

Title EVP, FINANCE AND ADMINISTRATION
Name BERRY, KEVIN J
Address 350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO IL 60654

Title EVP, LEASING
Name BENSON, TROY
Address 350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO IL 60654

Title EVP, ASSET MANAGEMENT
Name MCCARTHY, BRIAN S
Address 350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO IL 60654

Title SVP, CFO, TREASURER, MANAGER
Name MARSZEWSKI, TARA L
Address 350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO IL 60654

Title SVP, CAPITAL MARKETS
Name ALDRIDGE, JEFFREY P
Address 350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO IL 60654

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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: JACK R KANTER**ASSISTANT SECRETARY** 04/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title SVP, TAX
Name COURTIS, KATHLEEN M
Address 350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO IL 60654

Title ASST. SECRETARY
Name KANTER, JACK R
Address 350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO IL 60654

Title ASST. SECRETARY
Name NEWMAN, KENDRA D
Address 350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO IL 60654

Title SVP, HUMAN RESOURCES
Name RUGEBREGT, KATHY
Address 350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO IL 60654

Title ASST. SECRETARY
Name LYNCH, GREGORY R
Address 350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO IL 60654

Title ASST. SECRETARY
Name PATE, KRISTEN N
Address 350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO IL 60654