

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 19, 2019
Secretary of State
0837830806CC

Entity Name: GS PORTFOLIO HOLDINGS 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: 47-3548646

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 MGRM
Name GGP-SRC MEMBER, LLC
Address 350 N. ORLEANS, SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO IL 60654

Title MEMBER
Name SERITAGE GS HOLDINGS (2017) LLC
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
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, GC, SECRETARY
Name HERRON, STACIE L
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

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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

AUTHORIZED SIGNATOR 04/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

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, CAPITAL MARKETS
Name ALDRIDGE, JEFFREY P
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