2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000008047

Entity Name: ELLENTON PO GP, LLC

Current Principal Place of Business:

225 W. WASHINGTON STREET

INDIANAPOLIS, IN 46204

Current Mailing Address:

C/O CORPORATE PARALEGAL P.O. BOX 7033 INDIANAPOLIS. IN 46207-7033 US

FEI Number: 47-5314781 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

FILED Jun 24, 2020

Secretary of State

7067521788CC

Authorized Person(s) Detail :

Title **MBR** Title VΡ

SIMON PROPERTY GROUP, L.P. Name Name BROAS, MATTHEW J.

225 W. WASHINGTON STREET 225 W. WASHINGTON STREET Address Address

City-State-Zip: INDIANAPOLIS IN 46204 INDIANAPOLIS IN 46204 City-State-Zip:

ASST. SECRETARY Title Title **SECRETARY** Name GUGIG, DARRYL E. FIVEL, STEVEN E. Name

Address 225 W. WASHINGTON STREET Address 225 W. WASHINGTON STREET INDIANAPOLIS IN 46204 City-State-Zip: City-State-Zip: INDIANAPOLIS IN 46204

VΡ Title Title TREASURER AND VP

Name RULLI, JOHN Name MCDADE, BRIAN

Address 225 W. WASHINGTON STREET Address 225 W. WASHINGTON STREET

City-State-Zip: INDIANAPOLIS IN 46204 INDIANAPOLIS IN 46204 City-State-Zip:

Title COB Title COO AND EVP

Name SIMON, DAVID SILVESTRI, MARK Name

225 W. WASHINGTON STREET Address 225 W. WASHINGTON STREET Address City-State-Zip: INDIANAPOLIS IN 46204 INDIANAPOLIS IN 46204 City-State-Zip:

Continues on page 2

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.

06/24/2020 SIGNATURE: STEVEN E. FIVEL SECRETARY

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title ASST. SECRETARY

Name SNYDER, ALEXANDER L.W.

Address 225 W. WASHINGTON STREET

City-State-Zip: INDIANAPOLIS IN 46204

Title PRESIDENT

Name WEINSTEIN, LAWRENCE

Address 225 W. WASHINGTON STREET

City-State-Zip: INDIANAPOLIS IN 46204

Title VP

Name THYGESEN, MICHAEL

Address 225 W. WASHINGTON STREET

City-State-Zip: INDIANAPOLIS IN 46204