

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000005597

**Entity Name:** SPG AVENTURA, INC.

**Current Principal Place of Business:**

225 W WASHINGTON STREET  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

C/O CORPORATE PARALEGAL  
225 W WASHINGTON STREET  
INDIANAPOLIS, IN 46204

**FEI Number:** 26-2387321

**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

**Officer/Director Detail :**

Title            SEC AND GC  
Name            FIVEL, STEVEN E  
Address        225 W WASHINGTON ST, SUITE 15E  
City-State-Zip: INDIANAPOLIS IN 46204

Title            COB AND CEO  
Name            SIMON, DAVID  
Address        225 W WASHINGTON ST  
City-State-Zip: INDIANAPOLIS IN 46204

Title            COO AND PRESIDENT  
Name            SOKOLOV, RICHARD S  
Address        225 W WASHINGTON ST  
City-State-Zip: INDIANAPOLIS IN 46204

Title            ASST SEC  
Name            SNYDER, ALEXANDER LW  
Address        225 W WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

Title            EVP - CFO  
Name            JUSTER, ANDREW  
Address        225 W WASHINGTON ST  
City-State-Zip: INDIANAPOLIS IN 46204

Title            SVP - TREASURER  
Name            MCDADE, BRIAN  
Address        225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title            PRESIDENT OF MALLS - CAO  
Name            RULLI, JOHN  
Address        225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN E FIVEL

**AUTHORIZED PERSON**

**04/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date