

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22357

**Entity Name:** GENERAL GROWTH MANAGEMENT, INC.**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:** 42-1285297**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
SUITE 105  
TALLAHASSEE, FL 32301 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:** JULIE RAISSAS

04/19/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title EVP, GC, SECRETARY, DIRECTOR  
Name HERRON, STACIE L  
Address 350 N. ORLEANS, SUITE 300  
ATTENTION: LCCS  
City-State-Zip: CHICAGO IL 60654

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

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

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

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

Title EXECUTIVE VICE PRESIDENT, COO,  
DIRECTOR  
Name CHUPAILA, JARED  
Address 350 N. ORLEANS, SUITE 300  
ATTENTION: LCCS  
City-State-Zip: CHICAGO IL 60654

Title SENIOR VICE PRESIDENT, 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 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:** JACK R KANTER

ASSISTANT SECRETARY 04/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title EXECUTIVE VICE PRESIDENT, FINANCE AND  
ADMINISTRATION  
Name BERRY, KEVIN J  
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 PATE, KRISTEN N  
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 ASST. SECRETARY  
Name NEWMAN, KENDRA D  
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