

1.) CORPORATION NAME:

**SPG ACQUISITIONS, INC.**

DUE DATE: **8/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1349242**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 225 W WASHINGTON ST  
P O BOX 7033

CITY/ST/ZIP: INDIANAPOLIS, IN 46207-7033

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD S. SOKOLOV	
TITLE:	PRESIDENT	
ADDRESS:	225 W. WASHINGTON ST.	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID J. CONTIS	
TITLE:	SEVP - PRES	
ADDRESS:	225 W. WASHINGTON ST.	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEVEN K. BROADWATER	
TITLE:	VICE PRESIDENT	
ADDRESS:	225 W. WASHINGTON ST.	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES M BARKLEY	
TITLE:	S/GC	
ADDRESS:	225 W WASHINGOTN ST P O BOX 7033	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46207	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANDREW JUSTER	
TITLE:	EVP-TREASURER	
ADDRESS:	225 W. WASHINGTON ST.	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN RULLI	
TITLE:	SR. EVP - CAO	
ADDRESS:	225 W. WASHINGTON ST.	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204	

NAME: DAVID SIMON TITLE: CEO ADDRESS: 225 W WASHINGTON ST CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN E FIVEL TITLE: ASST SECRETARY ADDRESS: 225 W WASHINGTON ST CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DARRYL E. GUGIG TITLE: ASST SECRETARY ADDRESS: 105 EISENHOWER PRKY CITY/ST/ZIP/CO: ROSELAND, NJ 07068	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEPHEN E STERRETT TITLE: CFO ADDRESS: 225 W WASHINGTON ST CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ STEVEN E FIVEL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVEN E FIVEL, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	9/30/2015 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		