2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N47395 1. Entity Name MACARTHUR HOLDING A, INC.

FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90512 001 ***395.00

2. Proclam Place of Business 3. Maring Address Suite Apt. #. mt. Suite. Apt. #. etc. Over & State Cavity Zip Country Zip Country 2. Name and Address of Current Registered Agent 7. Earne and Address of New Registered Agent Cover & State Country 2. Name and Address of Current Registered Agent 7. Earne and Address of New Registered Agent Cover No. Name and Address of Current Registered Agent 7. Earne and Address of New Registered Agent Cover No. Name and Address of Current Registered Agent 7. Earne and Address of New Registered Agent Cover No. Name and Address of New Registered Agent 7. Earne and Address of New Registered Agent Cover No. Name and Address of New Registered Agent 7. Earne and Address of New Registered Agent Cover No. Name and Address of New Registered Agent City Cover No. Name and Address of New Registered Agent City Cover No. Name and Address of New Registered Agent City Cover No. Name and Address of New Registered Agent City Cover No. Name and Address of New Registered Agent City Cover No. Name and Address of New Registered Agent City Cover No. Name and Address of New Registered Agent Na	Principal Plac 140 SOUTH SUITE 1100 CHICAGO, IL	DEARBORN		Mailing Address 140 SOUTH DEARBORN ST. SUITE 1100 CHICAGO, IL 60603 US										
City & State City & State City & State Approximation Approximation Zip Country Zip Country Zip Country State Approximation Zip Country Zip Country Zip Country State State Approximation COHEN, STEVEN Extend Address of Current Registered Agent International Address of New Registered Agent International Address of New Registered Agent State Address of New Registered Agent COHEN, STEVEN Extend Address of New Registered Agent International Address of New Registered Agent International Address of New Registered Agent COHEN, STEVEN Extend Address (PD. Box Number is Net Acceptable) International Address of New Registered Agent International Address of New Registered Agent SIGNATURE The above named entry submits this statement for the purpose of changing its registered Agent queues reares with meanability DMC SIGNATURE OFFERS AND DIFECTORS International Address (PD. Box Number is Net Acceptable) SIGNATURE VD Dates International Address (PD. Box Number is Net Acceptable) SIGNATURE VD Dates International Address (PD. Box Number is Net Acceptable) SIGNATURE VD Dates International Address (PD. Box Number is Net Acceptable) SIGNATURE VD OFFERS AND DIFECTORS<	2. Principal P	lace of Busir	ness	3. Mai	ling Address									
Zio Country Zip Country Start Address of Starten Registered Agent Start Address of Starten Registered Agent COHEN, STEVEN 6. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent COHEN, STEVEN Street Address of New Registered Agent T. Name and Address of New Registered Agent COHEN, STEVEN Street Address of New Registered Agent Street Address of New Registered Agent COHEN, STEVEN Street Address of New Registered Agent Street Address of New Registered Agent Cheman and Address of New Registered Agent Street Address of New Registered Agent Country Street Address of New Registered Agent Cheman and Address of New Registered Agent Street Address of New Registered Agent Country Cheman agent Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Net Acceptable) Cheman agent Address of New Registered Agent Street Address (P.O. Box Number is Net Acceptable) Cheman agent Agent Address of New Registered Agent Agent Agent Address (P.O. Box Number is Net Acceptable) Street Address (P.O. Box Number is Net Address of New Registered Agent Agent Agent Agent Address (P.O. Box Number is Net Acceptable) Street Address (P.O. Box Number is Net Address Agent	Suite, Apt.	#, etc.		Su	uite, Apt. #, etc.				04282004 Chg-NP CR2E037 (10/03)					
	City & Stat	e		Ci	ty & State									
COHEN, STEVEN 625 NFLACLER DR SUITE 700 W PALM BCH, FL 33401 Name Street Address (P.0 Box Number is Not Acceptable) Street Address (P.0 Box Number is Not Acceptable) City FL Zop Code City FL Zop Code B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tain familiar with, and accept the obligations of registered agent. Interminer with, and accept the obligations of registered agent. StGNATURE Together the obligations of registered agent. Interminer wave, and accept adent wave displaced agent. Interminer wave, and accept adent agent	Zip		Country	Zij	p	Cou	ountry		5 Certificate of Status Desired \$8.75 Additional					
COHEN, STEVEN G2S NFLACELER OR SUITE 700 W PALLM BCH, FL 33401 Street Address (P.O. Box Number is Not Acceptable) City FL Zp Code 6. The above named entry submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent. ONT SIGNATURE: Signaum hysel or period agent. Immediate agent. Immediate agent. ONT SIGNATURE: Signaum hysel or period agent. Immediate agent.		6. Name	and Address of Current	Registere	ed Agent		[7. Name and Add	ress of New	Registere	d Agent		
625 NFLACLER DR SUITE 700 W PALM BCH, FL 33401 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. The abuye named onthy submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and eccept me obligations of registered agent. ONE SiGNATURE Filing Fee is \$61.25 Due by May 1, 2004 Election Campaign Financing Train Filing Fee is \$61.25 Due by May 1, 2004 Street Advertise Versionability ONE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Train Filing Fee is \$61.25 Due by May 1, 2004 Date of the street Versionability of the change of the street Versionability of the street							Name					-		
SUTTE 700 W PALM BCH, FL 33401 City FL Zip Code City FL Zip Code E. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered agent. SiGNATURE Expanse here the purpose of changing its registered agent agent with iterating OATE SiGNATURE State here the purpose of changing its registered agent agent with iterating OATE Expanse here the purpose of changing its registered agent agent with iterating OATE SiGNATURE Due by May 1, 2004 9. Encloin Comparing Financing \$5,00 May Ba Make check payable to Florida Department of State 10. OFFICERS AND DIFFICIONS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFICIONS IN 10 NME MINTZ, JOSHUA J Iffer addess To Depart and the flagstate with iterated agent			2				Street A	ddress (P.O. Box Number is	Not Acceptal	ble)	_		
City FL Zip Code 6. The above named antly submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Forda. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Forda. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Forda. Lam familiar with, and accept the obligations of registered agent, and the figure agent and the figure agent agent. SIGNATURE Supus. Spector terms of registered agent and the figure agent. ADDET Control terms of registered agent agent, and accept the agent agent, and accept the accept agent, and accept agent, and accept the accept agent, and	SUITE 700)												
The above named only submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, and the registered agent and the fragmaterial of the obligations of registered agent. SIGNATURE The provide terms of registered agent, and the fragmaterial of the purpose of changing its registered agent dynamic reached when versiting) DATE Fling Fee is \$61.25 The provide terms of registered agent, and the fragmaterial OATE Registered Agent dynamic reached when versiting) DATE Fling Fee is \$61.25 The provide terms of registered Agent and the fragmaterial OATE Registered Agent dynamic reached when versiting) DATE Fling Fee is \$61.25 The provide terms of registered Agent and the fragmaterial OATE Fling Fee is \$61.25 The provide terms of registered Agent and the fragmaterial OATE Fling Fee is \$61.25 The provide terms of registered Agent and the fragmaterial OATE The provide terms of registered Agent and the fragmaterial OATE The provide terms of registered Agent and the fragmaterial OATE The provide terms of registered Agent and the fragmaterial OATE The provide terms of registered Agent and the fragmaterial The provide terms of registered Agent and the fragmaterial OATE The provide terms of registered Agent and the fragmaterial OATE The provide terms of registered Agent and the fragmaterial OATE The provide terms of registered Agent and the fragmaterial OATE The provide terms of registered Agent and the fragmaterial OATE The provide terms of registered Agent and the fragmaterial OATE OATE Statement of the provide terms OATE Statement of te	W PALM E	BCH, FL 3	33401											
Inter objektione of registered agent. SIGNATURE Signalule, hyde of direct same of registered agent and the displaced. (NOTE: Regressed Agent adjustus resulted when related when related of Period Boopartment of State Thing Fee is \$61,25 INTE: Fund Control of Direct CORS INTE: Fund Control of Direct Control o								City FL Zip Code						
Bigsalum-typed or functed agent and the Handketze. (URICE Registered agent and signature resurced when revealing) DATE Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. Rest Added to Fees Marke check payable to Florida Department of State 10. OFFICERS AND DIFECTORS IN 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 10 ITIE VD Itie VD Itie VD Itie VD ITIE VD Itie VD Itie VD Itie Addition INME MINTZ, JOSHUA J Itie VD Itie Addition INME SD CHICAGO, IL 60603 Other Itie SD CHICAGO, IL 60603-5285 ITIE TD Itie SD Itie SD Itie SD Itie SD ITIE TD Itie SD Itie SD Itie SD Itie SD ITIE SD Itie SD Itie SD Itie SD Itie SD ITIE SD Itie SD Itie SD														
Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution \$5,00 May Be Added to Fees Make check payable to Find a Department of State 10. OFFICERS AND DIFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 10 ITTLE WD ITTLE VD ITTLE INVE MINTZ, JOSHUA J Stream Added to Fees ItTLE VD ItTLE INVE MINTZ, JOSHUA J Stream Added to Fees ItTLE VD ItTLE ItTLE VANCHURA, MARC VANCHURA, MARC VANCHURA, MARC P ItTLE VD VANCHURA, MARC ItTLE VD VANCHURA, MARC P ItTLE VD VANCHURA, MARC P ItTLE VANC														
Due by May 1, 2004 Trust Fund Contribution. Adde to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITTLE MINTZ, JOSHUA J Delete TTLE MINTZ, JOSHUA J INNE MINTZ, JOSHUA J SIRET ADDESS 140 S DEARBORN SIRET ADDESS 140 S DEARBORN CHICAGO, IL 60603 OFFICERS AND DIRECTORS 140 S DEARBORN STREET SUITE 1200 CHICAGO, IL 60603-5285 ITTLE SD Delete ITTLE SD CHICAGO, IL 60603 Addition ITTLE SD CHICAGO, IL 60603 OFFISTER SITE ADDRESS Idelete ITTLE SD CHICAGO, IL 60603-5285 IntLE SITE ADDRESS Idelete ITTLE SD CHICAGO, IL 60603-5285 IntLE SITE ADDRESS Idelete ITTLE SD CHICAGO, IL 60603-5285 IntLE SD SITE ADDRESS Idelete Idelete Idelete SD CHICAGO, IL 60603-5285 IntLE SD STRET ADDRESS Idelete IntLE STRET ADDRESS Idelete IntLE </td <td></td> <td>Signature, typed</td> <td>d or printed name of registered agen</td> <td>t and the it ap</td> <td>plicable. (NU)</td> <td>: Registere</td> <td>o Agent signat</td> <td>ure required</td> <td>when reinstating)</td> <td></td> <td>DATI</td> <td></td> <td></td>		Signature, typed	d or printed name of registered agen	t and the it ap	plicable. (NU)	: Registere	o Agent signat	ure required	when reinstating)		DATI			
TRE VD VD <t< td=""><td></td><td></td><td></td><td></td><td colspan="3"></td><td>D</td><td colspan="5"></td></t<>								D						
NWE MINTZ, JOSHUA J STRET ADDRESS 140 S DEARBORN ITV: 57:7P CHICAGO, IL 60603 TITE SD INWE CHERNOFF, DAVID S STRET ADDRESS 140 S DEARBORN STREET SUITE 1200 ITV: 57:7P CHICAGO, IL 60603-5285 ITTE SD CHERNOFF, DAVID S STRET ADDRESS 140 S DEARBORN STREET SUITE 1200 CHICAGO, IL 60603 CHICAGO, IL 60603-5285 ITTE TD STRET ADDRESS ITTE TD Delde ITTE TD Delde ITTE TD STRET ADDRESS ION ST.2P CHICAGO, IL 60603 CTI'-ST-2P ITTE TD STRET ADDRESS ION ST.2P CHICAGO, IL 60603 CTI'-ST-2P ITTE TD STRET ADDRESS STRET ADDRESS ITTE Delde TTTE TANCHURA, MARC STRET ADDRESS ITTE Delde TTTE NAME STRET ADDRESS CTI'-ST-2P ITTE Delde TTTE STRET ADDRESS CTI'-ST-2P CHICAGO, IL 60603-5285 ITTE	10.		OFFICERS AND D	RECTORS		11.		/	ADDITIONS/CHANG	ES TO OFFIC	CERS AND	DIRECTORS IN	N 10	
SINEET ADDRESS 140 S DEARBORN SINEET ADDRESS 140 S DEARBORN STREET SUITE 1200 CITV-ST-2P CHICAGO, IL 60603-5285 CITV-ST-2P CHICAGO, IL 60603-5285 ITTLE SD ITTLE SD ITTLE SD ITTLE INME STREET ADDRESS 140 S DEARBORN STREET SUITE 1200 CITV-ST-2P CHICAGO, IL 60603-5285 ITTLE SD CHERNOFF, DAVID S INME STREET ADDRESS 140 S DEARBORN STREET SUITE 1200 CITV-ST-2P CHICAGO, IL 60603 CITV-ST-2P CHICAGO, IL 60603-5285 ITTLE ITTLE TD INILE TD YANCHURA, MARC YANCHURA, MARC P STREET ADDRESS 140 S DEARBORN STREET SUITE 1200 CITV-ST-2P CHICAGO, IL 60603-5285 ITTLE ITTLE TTLE TTLE TTLE TTLE NAME STREET ADDRESS CITV-ST-2P CHICAGO, IL 60603-5285 ITTLE Addition ITTLE NAME STREET ADDRESS CITV-ST-2P CHICAGO, IL 60603-5285 ITTLE NAME STREET ADDRESS CITV-ST-2P CHICAGO, IL 60603-5285 CITV-ST-2P Chicago Addition ITTLE Delete												🗙 Change	Addition	
CITY-ST-2/P CHICAGO, IL 60603 CITY-ST-2/P CHICAGO, IL 60603-5285 TITLE SD CITY-ST-2/P CHICAGO, IL 60603-5285 STRETADDRESS CHICAGO, IL 60603 CITY-ST-2/P CHICAGO, IL 60603-5285 TITLE TO CHICAGO, IL 60603 CITY-ST-2/P CHICAGO, IL 60603-5285 TITLE TO CHICAGO, IL 60603 CITY-ST-2/P CHICAGO, IL 60603-5285 TITLE TO CHICAGO, IL 60603 CITY-ST-2/P CHICAGO, IL 60603-5285 TITLE TO CITAGO, IL 60603 CITY-ST-2/P CHICAGO, IL 60603-5285 TITLE TO CITY-ST-2/P CHICAGO, IL 60603-5285 Addition STRETADDRESS CITY-ST-2/P CHICAGO, IL 60603-5285 Addition TITLE TO CITAGO, IL 60603-5285 CITY-ST-2/P CHICAGO, IL 60603-5285 TITLE Internation Delete TITLE Change Addition NAME STRETADDRESS CITY-ST-2/P CHICAGO, IL 60603-5285 CITY-ST-							-		•			`		
ITTLE SD IDelete ITTLE SD IDelete ITTLE SD IDelete ITTLE NMME CHERNOFF, DAVID S IDENT IDENT STREET ADDRESS IDENT STREET ADDRESS IDENT STREET ADDRESS IDENT IDENT <td></td> <td colspan="6"></td> <td></td> <td></td> <td></td> <td>16 1200</td> <td>)</td> <td></td>											16 1200)		
NAME CHERNOFF, DAVID S STREET ADDRESS 140 S DEARBORN STREET STE 1100 CHERNOFF, DAVID S CITY-ST-2P CHICAGO, IL 60603 CHTY-ST-2P TD Delete TD NAME YANCHURA, MARC STREET ADDRESS 140 S OUTH DEARBORN CHICAGO, IL 60603-5285 TTUE TD CHICAGO, IL 60603 STRET ADDRESS 140 SOUTH DEARBORN STREET ADDRESS 140 S OUTH DEARBORN STREET ADDRESS 140 S DEARBORN STREET SUITE 1200 CITY-ST-2P CHICAGO, IL 60603 CITY-ST-2P CHICAGO, IL 60603-5285 TTLE NAME STREET ADDRESS 140 S DEARBORN STREET SUITE 1200 CITY-ST-2P CHICAGO, IL 60603 CITY-ST-2P CHICAGO, IL 60603-5285 TTLE NAME Delete ITUE Addition NAME STREET ADDRESS CITY-ST-2P CHICAGO, IL 60603-5285 CITY-ST-2P TTLE NAME STREET ADDRESS CITY-ST-2P CHICAGO, IL 60603-5285 CITY-ST-2P TTLE NAME STREET ADDRESS CITY-ST-2P CHICAGO, IL 60603-5285 CITY-ST-2P TTLE NAME STREET	TITLE					TITL						Change	Addition	
CITY-ST-ZIP CHICAGO, IL 60603 CITY-ST-ZIP CHICAGO, IL 60603-5285 ITTLE TD ITTLE TD ITTLE TD Ittle TD Ittle Addition NAME YANCHURA, MARC Ittle TD Ittle TD Ittle Ittle Addition STREET ADDRESS 140 SOUTH DEARBORN STREET ADDRESS 140 S DEARBORN STREET SUITE 1200 CITY-ST-ZIP CHICAGO, IL 60603-5285 Ittle Addition TITLE CHICAGO, IL 60603 Delete TITLE October CITY-ST-ZIP CHICAGO, IL 60603-5285 Ittle Addition TITLE Ittle Ittle NAME STREET ADDRESS Ittle Itttle Ittle Ittle<	NAME	CHERNC	DFF, DAVID S			NAM	E	— — — — — — — — — — — — — — — — — — —						
ITTLE TD ITLE TD ITLE TD ItLE TD ItLE Addition NAME YANCHURA, MARC Internation				E 1100										
NAME YANCHURA, MARC NAME YANCHURA, MARC P 140 SOUTH DEARBORN STREET ADDRESS 140 S DEARBORN STREET SUITE 1200 CITY-ST-ZIP CHICAGO, IL 60603 CITY-ST-ZIP CHICAGO, IL 60603-5285 TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60603-5285 Change Addition ITTLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60603-5285 CITY-ST-ZIP ITTLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME <		<u> </u>	D, IL 60603			-	_	. <u> </u>	AGO, IL 6060	3-5285				
STREET ADDRESS 140 SOUTH DEARBORN STREET ADDRESS 140 S DEARBORN STREET SUITE 1200 CITY-ST-ZIP CHICAGO, IL 60603 CITY-ST-ZIP CHICAGO, IL 60603-5285 TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE Delete TITLE Change <t< td=""><td>1</td><td></td><td></td><td></td><td>L.J Delete</td><td></td><td></td><td></td><td></td><td></td><td></td><td>X Change</td><td>Addition</td></t<>	1				L.J Delete							X Change	Addition	
CITV-ST-ZIP CHICAGO, IL 60603 CITV-ST-ZIP CHICAGO, IL 60603-5285 ITTLE Delete TITLE Change Addition NAME STREET ADDRESS CITV-ST-ZIP CHICAGO, IL 60603-5285 ITTLE NAME STREET ADDRESS CITV-ST-ZIP CHICAGO, IL 60603-5285 ITTLE Delete TITLE CHICAGO, IL 60603-5285 CITV-ST-ZIP ITTLE Delete TITLE Change Addition NAME STREET ADDRESS CITV-ST-ZIP Change Addition CITV-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS CITV-ST-ZIP Change Addition ITTLE Delete TITLE Change Addition NAME STREET ADDRESS CITV-ST-ZIP Change Addition ITTLE Delete TITLE Change Addition NAME STREET ADDRESS CITV-ST-ZIP CHICAGO, IL 60603-5285 CITV-ST-ZIP ITTLE Delete TITLE Change Addition NAME STREET ADDRESS CITV-ST-ZIP														
NAME NAME STREET ADDRESS GTY-ST-ZIP TITLE Delate NAME STREET ADDRESS GTY-ST-ZIP Change Addition NAME STREET ADDRESS CTY-ST-ZIP TITLE NAME STREET ADDRESS CTY-ST-ZIP TITLE NAME STREET ADDRESS CTY-ST-ZIP TITLE NAME STREET ADDRESS CTY-ST-ZIP CTY-ST-ZIP TITLE NAME STREET ADDRESS CTY-ST-ZIP CTY-ST-ZIP <td></td> <td colspan="5"></td> <td></td> <td>CHIC</td> <td colspan="5">CHICAGO, IL 60603-5285</td>								CHIC	CHICAGO, IL 60603-5285					
STRET ADDRESS STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITLE Delete NAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITLE NAME STRET ADDRESS CITY-ST-ZIP ITLE NAME STRET ADDRESS CITY-ST-ZIP ITLE Indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, we all other like empowered. SIGNATURE: Joshua J. Mintz April 29, 2004 (312) 726-8000	TITLE		<u> </u>		Delete	TITL			·····			Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME TITLE SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME SIREET ADDRESS CITY-ST-ZIP Change Addition NAME SIREET ADDRESS CITY-ST-ZIP Change ITLE NAME SIREET ADDRESS CITY-ST-ZIP II Inerceby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes, and that my name appears in Block	1						-							
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition ITTLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition ITTLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with appeddress, with all other like empowered. SIGNATURE: Joshua J. Mintz April 29, 2004 (312) 726-8000														
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITILE Delete NAME STREET ADDRESS CITY-ST-ZIP Change ITILE Delete NAME STREET ADDRESS CITY-ST-ZIP Change ITILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an and dross, with all other like empowered. SIGNATURE: Joshua J. Mintz April 29, 2004 (312) 726-8000			<u> </u>											
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITILE ITILE Delete NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE ITILE ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE III Itite and accurate and that my 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an and dress, with all other like empowered. SIGNATURE: Joshua J. Mintz					Delete L.J							L Unange		
ITTLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Image Addition 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Joshua J. Mintz April 29, 2004 (312) 726-8000	1	}												
NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with appeddess, with all other like empowered. SIGNATURE: Joshua J. Mintz April 29, 2004 (312) 726-8000	CITY-ST-ZIP				·	CITY	-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with appeddess, with all other like empowered. SIGNATURE: Joshua J. Mintz April 29, 2004 (312) 726-8000	1				Delete							🗌 Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with appeddess, with all other like empowered. SIGNATURE: Joshua J. Mintz April 29, 2004 (312) 726-8000		Ì												
indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with appedres, with all other like empowered. SIGNATURE: Joshua J. Mintz April 29, 2004 (312) 726-8000														
indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with appedress, with all other like empowered. SIGNATURE: Joshua J. Mintz April 29, 2004 (312) 726-8000	12. I hereby	certify that th	ne information supplied wit	h this filing	g does not qualify fo	r the exe	mption sta	ted in Se	ection 119.07(3)(i), Fl	orida Statute	s. I further	certify that the	information	
changed, or on an attachment with apreddress, with all other like empowered. SIGNATURE: Joshua J. Mintz April 29, 2004 (312) 726-8000	indicated of the co	I on this repo rporation or t	ort or supplemental report the receiver or trustee emp	is true and bowered to	accurate and that r execute this report	ny signa as requ	ture shall h	ave the	same legal effect as	if made unde	er oath; tha	t I am an office	r or director	
	changed	or on an att	tachment with an address,	with all of	her like empowered	· .								
	SIGNAT				Joshua J.	Mintz			Ar	ril 29.	2004	(312) 726	-8000	