

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90247 001 \*\*\*333.75

**DOCUMENT # N47395**

1. Entity Name  
**MACARTHUR HOLDING A, INC.**



Principal Place of Business  
**140 SOUTH DEARBORN ST.  
SUITE 1200  
CHICAGO, IL 60603**

Mailing Address  
**140 SOUTH DEARBORN ST.  
SUITE 1200  
CHICAGO, IL 60603**

**66012805**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**36-3884255**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COHEN, STEVEN ESQ.  
222 LAKEVIEW AVENUE, SUITE 1000  
WEST PALM BEACH, FL 33401**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9: Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **VD** ☐ Delete  
NAME **MINTZ, JOSHUA J**  
STREET ADDRESS **140 S DEARBORN ST., STE. 1200**  
CITY- ST- ZIP **CHICAGO, IL 606035285**

TITLE **SD** ☐ Delete  
NAME **CHERNOFF, DAVID S**  
STREET ADDRESS **140 S DEARBORN ST., STE. 1200**  
CITY- ST- ZIP **CHICAGO, IL 606035285**

TITLE **TD** ☐ Delete  
NAME **YANCHURA, MARC**  
STREET ADDRESS **140 S DEARBORN ST., STE. 1200**  
CITY- ST- ZIP **CHICAGO, IL 606035285**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**

**04/24/06**

**(312) 726-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #