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May 04, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N47395

1. Corporation Name

MACARTHUR HOLDING A, INC.

Principal Place of Business

C/O JOHN D & CATHERINE T MACARTHUR FOUND.
 140 S DEARBORN 13TH FLOOR
 CHICAGO IL 60603

Mailing Address

~~4400 PGA BOULEVARD~~
~~SUITE 900~~
~~PALM BEACH GARDENS FL 33410~~



| | | |
|--------------------------------|---------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 4400 PGA BOULEVARD | 02/14/1992 |
| 22 City & State | 27 SUITE 1000 | 4. FEI Number |
| 23 Zip | 28 PALM BEACH GARDENS, FL | 36-3884255 |
| 24 Country | 29 33410 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 25 | 30 USA | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

~~COHEN, STEVEN~~
~~4400 PGA BOULEVARD~~
~~SUITE 900~~
~~PALM BEACH GARDENS FL 33410~~

10. Name and Address of New Registered Agent

81 Name COHEN, STEVEN
 82 Street Address (P.O. Box Number is Not Acceptable) 625 N. FLAGLER DR.
 83 SUITE 700
 84 City WEST PALM BEACH FL 85 Zip Code 33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANDRY, LAWRENCE L. | 1.2 NAME | HUTTON, LYN |
| STREET ADDRESS | 140 SOUTH DEARBORN | 1.3 STREET ADDRESS | 140 SOUTH DEARBORN |
| CITY-ST-ZIP | CHICAGO IL 60603 | 1.4 CITY-ST-ZIP | CHICAGO, IL 60603 |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, DALE E. | 2.2 NAME | JOSHUA J. MINTZ |
| STREET ADDRESS | 4400 PGA BLVD STE 900 | 2.3 STREET ADDRESS | 140 SOUTH DEARBORN |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | 2.4 CITY-ST-ZIP | CHICAGO, IL 60603 |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, STEVEN | 3.2 NAME | COHEN, STEVEN |
| STREET ADDRESS | 4400 PGA BLVD STE 900 | 3.3 STREET ADDRESS | 625 N. FLAGLER DR., SUITE 700 |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | 3.4 CITY-ST-ZIP | WEST PALM BEACH, FL 33401 |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRACE, PHILIP M. | 4.2 NAME | YANCHURA, MARC |
| STREET ADDRESS | 140 SOUTH DEARBORN | 4.3 STREET ADDRESS | 140 SOUTH DEARBORN |
| CITY-ST-ZIP | CHICAGO IL 60603 | 4.4 CITY-ST-ZIP | CHICAGO, IL 60603 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/27/99

561-650-8360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)