

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47395

1. Entity Name

MACARTHUR HOLDING A, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90840 001 ***606.25

Principal Place of Business Mailing Address
C/O JOHN D & CATHERINE T MACARTHUR FOUND. 4400 PGA BLVD
140 S. DEARBORN 13TH FLOOR SUITE 1000
CHICAGO, IL 60603 PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business

3. Mailing Address
3801 PGA BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 604

City & State

City & State
PALM BEACH GARDENS, FL

4. FEI Number

36-3884255

Applied For

Not Applicable

Zip

Country

Zip

Country

33410

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COHEN, STEVEN
625 N. FLAGLER DRIVE
SUITE 700
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HUTTON, LYN
STREET ADDRESS 140 SOUTH DEARBORN
CITY-ST-ZIP CHICAGO IL 60603

TITLE VD ☐ Delete
NAME MINTZ, JOSHUA J.
STREET ADDRESS 140 SOUTH DEARBORN
CITY-ST-ZIP CHICAGO IL 60603

TITLE S ☐ Delete
NAME COHEN, STEVEN
STREET ADDRESS 625 N. FLAGLER DR. SUITE 700
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE TD ☐ Delete
NAME YANCHURA, MARC
STREET ADDRESS 140 SOUTH DEARBORN
CITY-ST-ZIP CHICAGO IL 60603

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

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

TITLE S ☒ Change ☐ Addition
NAME CHERNOFF, DAVID S.
STREET ADDRESS 140 SOUTH DEARBORN
CITY-ST-ZIP CHICAGO, IL 60603

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/00

Date

(312) 726-8000

Daytime Phone #

CR2E037 (9/99)