

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90142 001 \*\*\*395.00

**DOCUMENT #** N47395

**1. Entity Name**

MACARTHUR HOLDING A, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

140 SOUTH DEARBORN STREET

Suite, Apt. #, etc.

SUITE 1100

City & State

CHICAGO, ILLINOIS

Zip

60603

Country

USA

**3. Mailing Address**

140 SOUTH DEARBORN STREET

Suite, Apt. #, etc.

SUITE 1100

City & State

CHICAGO, ILLINOIS

Zip

60603

Country

USA

**4. FEI Number**

36-3884255

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

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

Name  
STEVEN COHEN

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

625 N. FLAGLER DRIVE

SUITE 700

City

WEST PALM BEACH

**FL**

Zip Code  
33401

**DO NOT WRITE  
IN THIS SPACE**

**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**

**FEE IS \$61.25  
Initial or Amended UBR**

**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PD HUTTON, LYN 140 SOUTH DEARBORN ST., STE. 1100 CHICAGO, IL 60603	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VD MINTZ, JOSHUA J. 140 SOUTH DEARBORN ST., STE. 1100 CHICAGO IL 60603	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	S CHERNOFF, DAVID S. 140 SOUTH DEARBORN ST., STE. 1100 CHICAGO, IL 60603	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	TD YANCHURA, MARC 140 SOUTH DEARBORN ST., STE. 1100 CHICAGO IL 60603	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 (312) 726-8000

Date

Daytime Phone #