

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N47396** (9)

1. Corporation Name

**MACARTHUR HOLDING B, INC.**

Principal Place of Business

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

Mailing Address

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



3. Date Incorporated or Qualified  
**02/14/1992**

3a. Date of Last Report  
**08/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **4400 PGA Blvd.**

22 City & State

27 Suite 900

23 Zip

Country

28 **Palm Beach Gardens, FL**

24

25

29 **33410**

30 Country

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, STEVEN  
4400 PGA BLVD.  
SUITE 900  
PALM BEACH GARDENS FL 33410**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **LANDRY, LAWRENCE L.**  
STREET ADDRESS **140 SOUTH DEARBORN**  
CITY-ST-ZIP **CHICAGO IL 60603**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE  
NAME **SMITH, DALE E.**  
STREET ADDRESS **4400 PGA BLVD. STE. 900**  
CITY-ST-ZIP **PALM BCH GARDENS FL 33410**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **COHEN, STEVEN**  
STREET ADDRESS **4400 PGA BLVD. STE. 900**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **GRACE, PHILIP M.**  
STREET ADDRESS **140 SOUTH DEARBORN**  
CITY-ST-ZIP **CHICAGO IL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Steven Cohen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-96**

**407-624-4849**

Date

Daytime Phone #

CR2E037 (12/95)