


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90300 001 \*\*\*333.75

<b>DOCUMENT # N47396</b>	
1. Entity Name <b>MACARTHUR HOLDING B, INC.</b>	

Principal Place of Business <b>140 S. DEARBORN ST., SUITE 1100 CHICAGO, IL 60603</b>	Mailing Address <b>140 S. DEARBORN ST., SUITE 1100 CHICAGO, IL 60603</b>
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2. Principal Place of Business <b>140 South Dearborn Street</b>		3. Mailing Address <b>140 South Dearborn Street</b>	
Suite, Apt. #, etc. <b>Suite 1200</b>		Suite, Apt. #, etc. <b>Suite 1200</b>	
City & State <b>Chicago, IL</b>		City & State <b>Chicago, IL</b>	
Zip <b>60603-5285</b>	Country <b>U.S.A.</b>	Zip <b>60603-5285</b>	Country <b>U.S.A.</b>

02242005 Chg-NP CR2E037 (10/03)



4. FEI Number <b>36-3950409</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>COHEN, STEVEN 222 LAKEVIEW AVENUE, SUITE 1000 WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MINTZ, JOSHUA 140 S DEARBORN ST., STE. 1200 CHICAGO, IL 606035285</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CHERNOFF, DAVID S 140 S DEARBORN ST., STE. 1200 CHICAGO, IL 606035285</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD YANCHURA, MARC 140 S DEARBORN ST., STE. 1200 CHICAGO, IL 606035285</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Joshua J. Mintz** **April 28, 2005** **(312) 726-8000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #