

**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 # N47396

1. Entity Name

MACARTHUR HOLDING B, 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
36-3950409

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

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

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 reconstating)

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joshua J. Mintz

4/12/02

(312) 726-8000

Date

Daytime Phone #