
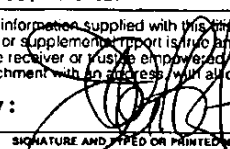


**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90075 009 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # F0600000396</b>			
1. Entity Name <b>ARC FREEDOM SQUARE MANAGEMENT, INC.</b>			
Principal Place of Business <b>111 WESTWOOD PLACE SUITE 200 BRENTWOOD, TN 37027</b>		Mailing Address <b>111 WESTWOOD PLACE SUITE 200 BRENTWOOD, TN 37027</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		<b>330 N. Wabash, #1400</b> Suite, Apt. #, etc.	
City & State		City & State <b>Chicago, IL</b>	
Zip	Country	Zip	Country
<b>60611</b>	<b>USA</b>	<b>60611</b>	<b>USA</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO SHERIFF, W.E. 111 WESTWOOD PLACE SUITE 200 BRENTWOOD, TN 37027</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Co-CEO/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SHERIFF, W.E. 111 WESTWOOD PLACE SUITE 200 BRENTWOOD, TN 37027</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Co-President/D John P. Rijos 330 N. Wabash, #1400 Chicago, IL 60611</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCOO RICHARD, GREGORY B 111 WESTWOOD PLACE SUITE 200 BRENTWOOD, TN 37027</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO/D Mark W. Ohlendorf 6737 W. Washington, #2300 Milwaukee, WI 53214</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KAESTNER, H. TODD 111 WESTWOOD PLACE SUITE 200 BRENTWOOD, TN 37027</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP/S T. Andrew Smith 111 Westwood Drive, #200 Brentwood, TN 37027</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST HICKS, GEORGE T 111 WESTWOOD PLACE SUITE 200 BRENTWOOD, TN 37027</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP/T Kristin A. Ferge 6737 W. Washington, #2300 Milwaukee, WI 53214</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MONEY, JAMES T 111 WESTWOOD PLACE SUITE 200 BRENTWOOD, TN 37027</b> <input checked="" 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 exemptions contained in Chapter 119, 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 607, 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: 		By: <b>John P. Rijos, CO-President</b> 04/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



01102007 Chg-P CR2E034 (12/06)

4. FEI Number **33-1130738** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required