

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002734

FILED  
Apr 09, 2010  
Secretary of State

Entity Name: ARC SUN CITY CENTER, INC.

**Current Principal Place of Business:**

111 WESTWOOD PLACE  
SUITE 200  
BRENTWOOD, TN 37027

**New Principal Place of Business:**

**Current Mailing Address:**

330 N WABASH  
SUITE 1400  
CHICAGO, IL 60611

**New Mailing Address:**

FEI Number: 62-1689052      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RIJOS, JOHN P  
Address: 330 N WABASH 1400  
City-St-Zip: CHICAGO, IL 60611

Title: CFOD  
Name: OHLENDORF, MARK W  
Address: 6737 W WASHINGTON 2300  
City-St-Zip: MILWAUKEE, WI 53214

Title: EVPS  
Name: SMITH, ANDREW T  
Address: 111 WESTWOOD PLACE SUITE 200  
City-St-Zip: BRENTWOOD, TN 37027

Title: CEOD  
Name: SHERIFF, W.E.  
Address: 111 WESTWOOD PLACE SUITE 200  
City-St-Zip: BRENTWOOD, TN 37027

Title: EVPT  
Name: FERGE, KRISTIN A  
Address: 6737 W WASHINGTON 23000  
City-St-Zip: MILWAUKEE, WI 53214

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN P. RIJOS

PD

04/09/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date