

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90090 008 ***150.00

DOCUMENT # 160648**1. Entity Name**
MCARTHUR DAIRY, INC.**Principal Place of Business**
500 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33325**Mailing Address**
500 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33325**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-0608937**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****CT CORPORATION SYSTEM**
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**7. Name and Address of New Registered Agent**

Name

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

City

FL

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.**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **V** ☐ Delete
NAME **ABELL, BRADLEY C**
STREET ADDRESS **500 SAWGRASS CORP. PKWY**
CITY-ST-ZIP **SUNRISE FL 33325****TITLE** **D** ☒ Delete
NAME **BAILEY, RICHARD E**
STREET ADDRESS **3600 N RIVER ROAD**
CITY-ST-ZIP **FRANKLIN PARK IL 60131****TITLE** **C** ☐ Delete
NAME **HOOVER, JAMES**
STREET ADDRESS **500 SAWGRASS CORP PKWY**
CITY-ST-ZIP **SUNRISE FL 33325****TITLE** **D** ☒ Delete
NAME **KLEIN, BARBARA A**
STREET ADDRESS **3600 N RIVER ROAD**
CITY-ST-ZIP **FRANKLIN PARK IL 60131****TITLE** **D** ☒ Delete
NAME **DEAN, HOWARD**
STREET ADDRESS **3600 N. RIVER ROAD**
CITY-ST-ZIP **FRANKLIN PARK IL 60131****TITLE** **S** ☒ Delete
NAME **KLEBER, DALE E**
STREET ADDRESS **3600 N. RIVER RD.**
CITY-ST-ZIP **FRANKLIN PARK IL 60131****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **P** ☐ Change ☒ Addition
NAME **Blanchard, Eric**
STREET ADDRESS **3600 N. River Road**
CITY-ST-ZIP **Franklin Park, IL 60131****TITLE** **V and CFO** ☐ Change ☒ Addition
NAME **Roman, Eileen**
STREET ADDRESS **3600 N. River Road**
CITY-ST-ZIP **Franklin Park, IL 60131****TITLE** **V** ☐ Change ☒ Addition
NAME **Ford, Patrick**
STREET ADDRESS **2515 McKinney Avenue, Suite 1200**
CITY-ST-ZIP **Dallas, TX 75201****TITLE** **V and S** ☐ Change ☒ Addition
NAME **Fromberg, Barry A.**
STREET ADDRESS **2515 McKinney Avenue**
CITY-ST-ZIP **Dallas, TX 75201****TITLE** **V and S (Secretary) also D** ☐ Change ☒ Addition
NAME **Goolsby, Michelle P.**
STREET ADDRESS **2515 McKinney Avenue**
CITY-ST-ZIP **Dallas, TX 75201****TITLE** **V** ☐ Change ☒ Addition
NAME **Madden, John W.**
STREET ADDRESS **2515 McKinney Avenue**
CITY-ST-ZIP **Dallas, TX 75201****13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**
JAMES HOOVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/15/02** **954-846-1234**
Date Daytime Phone #

CR2E034 (9/01)

Attachment # 160648
McArthur Dairy Additional Directors

DOCUMENT 160648

Re: 2002 Uniform Business Report (UBR)		
TITLE	A T (ASST. TREASURER)	Delete <input checked="" type="checkbox"/>
NAME	McElroy, Mike	
STREET ADDRESS	3600 N. River Road	
CITY-ST-ZIP	Franklin Park, IL 60131	
TITLE	V	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Klein, Ronald H.	
STREET ADDRESS	2515 McKinney Avenue, Suite 1200	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	V	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Johnson, Bridget G.	
STREET ADDRESS	2515 McKinney Avenue, Suite 1200	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	V	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Olson, Cory M.	
STREET ADDRESS	2515 McKinney Avenue, Suite 1200	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	V	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Schenkel, Pete	
STREET ADDRESS	2515 McKinney Avenue, Suite 1200	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	V and AS (Assistant Secretary)	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Tyson, Lisa N.	
STREET ADDRESS	2515 McKinney Avenue, Suite 1200	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	AS (Assistant Secretary)	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Mirro, Angela B.	
STREET ADDRESS	2515 McKinney Avenue, Suite 1200	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	V	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Kemp, Willis R.	
STREET ADDRESS	2515 McKinney Avenue, Suite 1200	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	V	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Dunn, Robert D.	
STREET ADDRESS	2515 McKinney Avenue, Suite 1200	
CITY-ST-ZIP	Dallas, TX 75201	