

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90813 001 ***333.75

DOCUMENT # N47395

1. Entity Name
MACARTHUR HOLDING A, INC.



Principal Place of Business
140 SOUTH DEARBORN ST.
SUITE 1200
CHICAGO, IL 60603

Mailing Address
140 SOUTH DEARBORN ST.
SUITE 1200
CHICAGO, IL 60603

66014140



01172007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
36-3884255

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, STEVEN ESQ.
222 LAKEVIEW AVENUE, SUITE 1000
WEST PALM BEACH, FL 33401

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MINTZ, JOSHUA J
STREET ADDRESS 140 S DEARBORN ST., STE. 1200
CITY-ST-ZIP CHICAGO, IL 606035285

TITLE SD
NAME CHERNOFF, DAVID S
STREET ADDRESS 140 S DEARBORN ST., STE. 1200
CITY-ST-ZIP CHICAGO, IL 606035285

TITLE TD
NAME YANCHURA, MARC
STREET ADDRESS 140 S DEARBORN ST., STE. 1200
CITY-ST-ZIP CHICAGO, IL 606035285

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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 27, 2007 (312) 726-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #