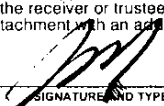


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90247 001 ***333.75

DOCUMENT # N47396 1. Entity Name MACARTHUR HOLDING B, INC.					
Principal Place of Business 140 S. DEARBORN ST., SUITE 1200 CHICAGO, IL 60603			Mailing Address 140 S. DEARBORN ST., SUITE 1200 CHICAGO, IL 60603		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-3950409	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COHEN, STEVEN 222 LAKEVIEW AVENUE, SUITE 1000 WEST PALM BEACH, FL 33401			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	MINTZ, JOSHUA		NAME		
STREET ADDRESS	140 S DEARBORN ST., STE. 1200		STREET ADDRESS		
CITY- ST- ZIP	CHICAGO, IL 606035285		CITY- ST- ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHERNOFF, DAVID S		NAME		
STREET ADDRESS	140 S DEARBORN ST., STE. 1200		STREET ADDRESS		
CITY- ST- ZIP	CHICAGO, IL 606035285		CITY- ST- ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	YANCHURA, MARC		NAME		
STREET ADDRESS	140 S DEARBORN ST., STE. 1200		STREET ADDRESS		
CITY- ST- ZIP	CHICAGO, IL 606035285		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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		04/24/06 (312) 726-8000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

66012806



04212006 Chg-NP CR2E037 (11/05)