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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P25165** **(2)**

1. Corporation Name
~~EAPCO COMMERCIAL PROPERTIES, INC.~~
ALLIANCE COMMERCIAL PROPERTIES, LTD., INC.

[redacted]

Principal Place of Business	Mailing Address
~~299 PARK AVENUE~~ ~~16TH FLOOR~~ ~~NEW YORK NY 10171~~ ~~US~~	~~299 PARK AVENUE~~ ~~16TH FLOOR~~ ~~NEW YORK NY 10171-0002~~ ~~US~~

3. Date Incorporated or Qualified: 07/13/1989
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21 165 S. UNION BLVD.
Suite, Apt. #, etc.
22 500
City & State
23 LAKEWOOD COLORADO
Zip 24 80228 Country 25 USA

2a. Mailing Address
26 165 S. UNION BLVD.
Suite, Apt. #, etc.
27 500
City & State
28 LAKEWOOD, COLORADO
Zip 29 80228 Country 30 USA

4. FEI Number: 58-6237000 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH STREET
SUITE 305
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
B00002241428--0

83 -07/18/97--01075--008
****550.00 ****550.00

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☑ Addition
NAME	KAHN, WILLIAM M		1.2 NAME	RICHARD STONE	
STREET ADDRESS	299 PARK AVENUE		1.3 STREET ADDRESS	165 S. UNION BLVD., SUITE 500	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	LAKEWOOD, COLORADO 80228	
TITLE	V	☑ DELETE	2.1 TITLE	CHIEF INVESTMENT OFFICER	☐ Change ☑ Addition
NAME	FARNSWORTH, DAVID W.		2.2 NAME	WILLIAM HOLE	
STREET ADDRESS	299 PARK AVENUE		2.3 STREET ADDRESS	5500 WAYZATA BLVD, SUITE 960	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55416	
TITLE	T	☑ DELETE	3.1 TITLE	CHIEF FINANCIAL OFFICER/SECRETARY	☐ Change ☑ Addition
NAME	SLOAN, MARK G.		3.2 NAME	DOUG MCCORMICK	
STREET ADDRESS	299 PARK AVENUE		3.3 STREET ADDRESS	165 S. UNION BLVD, SUITE 500	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	LAKEWOOD, COLORADO 80228	
TITLE	SD	☑ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	DINERSTEIN, ROBERT C.		4.2 NAME	JEFFREY LEU	
STREET ADDRESS	299 PARK AVENUE		4.3 STREET ADDRESS	6000 CLEARWATER DRIVE	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	MINNETONKA, MN 55343-9447	
TITLE	D	☑ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	BURNS, GEORGE		5.2 NAME	THOMAS HALLER	
STREET ADDRESS	299 PARK AVENUE		5.3 STREET ADDRESS	6000 CLEARWATER DRIVE	
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	MINNETONKA, MN 55343-9447	
TITLE		☑ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME			6.2 NAME	TIMOTHY CLARK	
STREET ADDRESS			6.3 STREET ADDRESS	6000 CLEARWATER DRIVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MINNETONKA, MN 55343-9447	

7-10-97

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible]