FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000003791 (7)

ALLIANCE HD PORTFOLIO I, INC.

rincipal Place of Business	Mailing Address
221 N. LASALLE ST., #1853	221 N. LASALLE ST., #1653
XHCAGO IL 60601	CHICAGO IL 60601

FILED May 04 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 36-4168442 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes Yes ☐ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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 Signature, typed or printed name of registered agent and title d applicable (NOTE Registered Agent signature required when remstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition SCHOR, ANDREW NAME 1.2 NAME 221 N. LASALLE #1853 STREET ADDRESS 1.3 STREET ADDRESS CHICAGO IL 60601 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition IVANKOVICH, STEVEN NAME 2.2 NAME 221 N. LASALLE ST., #1653 STREET ADDRESS 2.3 STREET ADDRESS CHICAGO IL 60601 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition IVANKOVICH, ANTHONY D NAME 32 NAME 538 WOODLAND DR. STREET ADDRESS 3.3 STREET ADDRESS **GLENVIEW IL 60025** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition SCHOR, ANDREW NAME 4. 2 NAME 221 N. LASALLE ST., #1653 STREET ADDRESS 4.3 STREET ADDRESS CHICAGO IL 60601 City-St-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE **HUNT. STACY** NAME 5.2 NAME 2 RIVERWAY, SUITE #850 STREET ADDRESS 5.3 STREET ADDRESS **HOUSTON TX 77056** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change __ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. 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 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

CR2E034 (10/97