

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003791

1. Corporation Name

ALLIANCE HD PORTFOLIO I, INC.

Principal Place of Business

221 N. LASALLE ST., #1653
CHICAGO IL 60601

Mailing Address

221 N. LASALLE ST., #1653
CHICAGO IL 60601

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90005 004 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1997

4. FEI Number

36-4168442

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2400 AUGUSTA DR
Suite, Apt. #, etc.

2a. Mailing Address

26 2400 AUGUSTA DR
Suite, Apt. #, etc.

22 SUITE 450

27 SUITE 450

City & State

City & State

23 HOUSTON, TX

28 HOUSTON, TX

Zip

Zip

Country

Country

24 77057

25 USA

29 77057

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME SCHOR, ANDREW
STREET ADDRESS 221 N. LASALLE #1653
CITY-ST-ZIP CHICAGO IL 60601

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME IVANKOVICH, STEVEN
STREET ADDRESS 221 N. LASALLE ST., #1653
CITY-ST-ZIP CHICAGO IL 60601

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VSD ☐ DELETE
NAME IVANKOVICH, ANTHONY D
STREET ADDRESS 536 WOODLAND DR.
CITY-ST-ZIP GLENVIEW IL 60025

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SCHOR, ANDREW
STREET ADDRESS 221 N. LASALLE ST., #1653
CITY-ST-ZIP CHICAGO IL 60601

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HUNT, STACY
STREET ADDRESS 2 RIVERWAY, SUITE #850
CITY-ST-ZIP HOUSTON TX 77056

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, as on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANDREW SCHOR

4/9/99
Date

(713) 977-1120
Daytime Phone #

CR2E034 (11/98)