


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State


04-05-2004 90409 047 ***150.00

DOCUMENT # F02000003652	
1. Entity Name ALLIANCE TD GP, INC.	

Principal Place of Business 135 REVERE DRIVE NORTHBROOK, IL 60062	Mailing Address 135 REVERE DRIVE NORTHBROOK, IL 60062
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

24135874



03152004 Chg-P CR2E034 (10/03)

4. FEI Number 61-1419324	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
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.

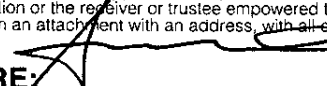
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> Delete
NAME	SCHOR, ANDREW W
STREET ADDRESS	221 NORTH LASALLE STREET, SUITE 3700
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	VSCD <input type="checkbox"/> Delete
NAME	IVANKOVICH, ANTHONY D
STREET ADDRESS	221 NORTH LASALLE STREET, SUITE 3700
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BORRIELLO, DOMENIC A
STREET ADDRESS	1209 ORANGE STREET
CITY-ST-ZIP	WILMINGTON, DE 19801
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HORNE, ADRIANNE M
STREET ADDRESS	1209 ORANGE STREET
CITY-ST-ZIP	WILMINGTON, DE 19801
TITLE	VPAS <input type="checkbox"/> Delete
NAME	IVANKOVICH, STEVEN
STREET ADDRESS	221 NORTH LASALLE STREET, SUITE 3700
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony D. Ivankovich
STREET ADDRESS	221 North LaSalle Street, Suite 3700
CITY-ST-ZIP	Chicago, IL 60601
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David J. Morris
STREET ADDRESS	231 S. LaSalle Street, 9th Floor
CITY-ST-ZIP	Chicago, IL 60601
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 607, 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:  **Andrew W. Schor, President** **3-26-04** **847-562-1400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #