

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000003652 1. Entity Name ALLIANCE TD GP, INC.	
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Principal Place of Business 135 REVERE DRIVE NORTHBROOK, IL 60062	Mailing Address 135 REVERE DRIVE NORTHBROOK, IL 60062
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DO NOT WRITE IN THIS SPACE



03222006 No Chg-P CRZE034 (11/05)

4. FEI Number 61-1419324	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$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**

**DO NOT WRITE
IN THIS SPACE**

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

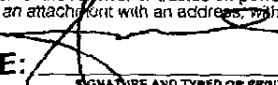
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SCHOR, ANDREW W 221 NORTH LASALLE STREET, SUITE 3700 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD IVANKOVICH, ANTHONY D 221 NORTH LASALLE STREET, SUITE 3700 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, DAVID J 231 S. LASALLE STREET, 9TH FLOOR CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS IVANKOVICH, STEVEN 221 NORTH LASALLE STREET, SUITE 3700 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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05/05/06-80009-024 150.00

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 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	4/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date