


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F02000003652</b>		
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	



03302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 61-1419324	Applied For 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	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000720287  
05/01/07-80098-013 150.00

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:**  Anthony D. Ivankovich, M.D., Vice President 4/13/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #