FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90256 048 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

F02000003652

DOCUMENT #

1. Entity Name ALLIÀNCE TO GP, INC.



Principal Place of Business 104 WILMOT ROAD, SUITE 350 DEERFIELD IL 60015

Mailing Address 104 WILMOT ROAD, SUITE 350 DEERFIELD IL 60015

2. Principal Place of Business	3. Mailing Address	╗
135 Revere Drive	135 Revere Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	7

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Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Northbrook, IL Northbrook, IL Suite, Apt. #, etc. City & State Northbrook, IL Suite, Apt. #, etc. City & State Northbrook, IL Suite, Apt. #, etc. City & State Northbrook, IL Suite, Apt. #, etc. City & State Northbrook, IL Suite, Apt. #, etc. Country Country Suite, Apt. #, etc. City & State Northbrook, IL Suite, Apt. #, etc. City State Suite, Apt. #, etc. Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. City State Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Country Suite,	2. Principal Place of Business		3. Mailing Address				-{ LIBBLION IIII BUIIB IINII NUIII IIII 1001 -						
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Zip Country Good 2	,			No	I			61÷141932 2KKKILVXKVIK			N	ot Applicable	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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. 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. 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. 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. 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. 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. 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. 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, or both, in the State of Florida. I am familiar with, and accept the obligation									<u> </u>	\$8.75 Ad	ditional		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 and title if applicable. NOTE Registered Agent equated when remaining frust Flust Fund Contribution. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 SCHOR, ANDREW W 21 NORTH LASALLE STREET, SUITE 3700 CHICAGO IL 60601 TILE VSCD NAME STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60601 TILE NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60601 TILE D BORRIELLO, DOMENIC A 1209 GRANGE STREET STREET ADDRESS CITY-ST-ZIP BORRIAGORESS CITY-ST-ZIP CHICAGO IL 600601 TILE NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60025 TILE NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL 600601 TILE NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL 600601 TILE NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL 600601 TILE D BORRIELLO, DOMENIC A 1209 ORANGE STREET STREET ADDRESS CITY-ST-ZIP CHICAGO IL 600601 TILE NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL 600601 TILE NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL 600601 TILE D BORRIELLO, DOMENIC A 1209 ORANGE STREET STREET ADDRESS CITY-ST-ZIP CHICAGO IL 600601 TILE D CHICAGO IL 600601 TILE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL 600601 TILE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL 600601 TILE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL 600601 TILE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL 600601 TILE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL 600601 TILE CHICAGO IL 600601 TILE CHICAGO IL 600601 TILE CHICAGO IL 600601 TILE CHICA	60062		AZII	60	062	IISA							
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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 REQUIRATED W. Schor, President SIGNATURES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

847-562-1400

Daytime Phone #