

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001321

1. Entity Name
ALLIANCE GD OG GP, INC.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90071 017 ***150.00

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

Mailing Address
104 WILMOT ROAD, SUITE 350
DEERFIELD IL 60015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
221 North LaSalle Street
Suite, Apt. #, etc.
Suite 3700

3. Mailing Address
Suite, Apt. #, etc.

City & State
Chicago, IL

City & State

4. FEI Number **36-4350639**

Applied For
Not Applicable

Zip
60601

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHOR, ANDREW W 221 NORTH LASALLE STRET, SUITE 3700 CHICAGO IL 60602 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSCD IVANKOVICH, ANTHONY D 526 WOODLAND DRIVE GLENVIEW IL 60025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, DAVID J 70 WEST MADISON STREET CHICAGO IL 60602 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP and Assistant Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steven Ivankovich 221 North LaSalle Street, Suite 3700 Chicago, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Andrew W. Schor, President

02/28/01 312-332-8000

Date

Daytime Phone #

CR2E034 (10/00)