

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90063 011 \*\*\*150.00

**DOCUMENT # F00000001321**

1. Entity Name

ALLIANCE GD OG GP, INC.



Principal Place of Business

221 NORTH LASALLE STREET  
STE 3700  
CHICAGO IL 60601

Mailing Address

135 BEVERE DRIVE  
NORTHBROOK IL 60062

44000040



MOORE CR2E034 (11/03)

2. Principal Place of Business

135 Revere Drive

Suite, Apt. #, etc.

3. Mailing Address

135 Revere Drive

Suite, Apt. #, etc.

City & State

Northbrook, IL

Zip

60062

Country

USA

City & State

Northbrook, IL

Zip

60062

Country

USA

4. FEI Number

36-4350639

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SCHOR, ANDREW W	
STREET ADDRESS	221 NORTH LASALLE STRET, SUITE 3700	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	VSCD	<input type="checkbox"/> Delete
NAME	IVANKOVICH, ANTHONY D	
STREET ADDRESS	526 WOODLAND DRIVE	
CITY-ST-ZIP	GLENVIEW IL 60025	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, DAVID J	
STREET ADDRESS	231 S. LASALLE STREET, 9TH FLOOR	
CITY-ST-ZIP	CHICAGO IL 60697	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	IVANKOVICH, STEVEN	
STREET ADDRESS	221 N. LASALLE STREET, SUITE 3700	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	526 Woodland Drive	
CITY-ST-ZIP	Glenview, IL 60025	
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		
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 another 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 #