

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F00000001327**

1. Entity Name

**ALLIANCE GD HD 1 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

**221 North LaSalle Street**

Suite, Apt. #, etc.

**Suite 3700**

City &amp; State

**Chicago, IL**

Zip

**60601**

Country

**USA**

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**36-4350637**

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.

SIGNATURE

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

(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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SCHOR, ANDREW W	
STREET ADDRESS	221 N. LASALLE STREET, SUITE 3700	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VSD	<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	70 WEST MADISON STREET	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

312-332-8000

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)