

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90253 009 \*\*\*150.00

**DOCUMENT # F00000001327**

1. Entity Name  
**ALLIANCE GD HD 1 GP, INC.**



Principal Place of Business  
**221 NORTH LASALLE STREET  
SUITE 3700  
CHICAGO IL 60601**

Mailing Address  
**104 WILMOT ROAD, SUITE 350  
DEERFIELD IL 60015**

11011040



2. Principal Place of Business

3. Mailing Address  
**135 Revere Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Northbrook, IL**

4. FEI Number **36-4350637**

Applied For  
Not Applicable

Zip Country

Zip Country  
**60062 USA**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PTD SCHOR, ANDREW W**  
STREET ADDRESS **221 N. LASALLE STREET, SUITE 3700**  
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VSD IVANKOVICH, ANTHONY D**  
STREET ADDRESS **526 WOODLAND DRIVE**  
CITY-ST-ZIP **GLENVIEW IL 60025**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D MORRIS, DAVID J**  
STREET ADDRESS **70 WEST MADISON STREET**  
CITY-ST-ZIP **CHICAGO IL 60602**

TITLE ☒ Change ☐ Addition  
NAME **D MORRIS, DAVID J.**  
STREET ADDRESS **231 S. LASALLE STREET, 9TH FLOOR**  
CITY-ST-ZIP **CHICAGO, IL 60697**

TITLE ☐ Delete  
NAME **EVAS IVANKOVICH, STEVEN**  
STREET ADDRESS **221 NORTH LASALLE STREET SUITE 3700**  
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

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

**4/24/03**  
Date

**847-562-1400**  
Daytime Phone #

CR2E034 (10/02)