

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004851

1. Entity Name  
**ALLIANCE GT 2 GP, INC.**

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

03-16-2001 90071 021 \*\*\*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**  
City & State  
**Chicago, IL**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **APPLIED FOR**  
**36-4386447**

Applied For  
Not Applicable

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

Zip **60601** Country **USA** Zip Country

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 \_\_\_\_\_ (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	<b>PTD</b> <b>SCHOR, ANDREW W</b> <b>221 N. LASALLE STREET, SUITE 3700</b> <b>CHICAGO IL 60015</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>IVANKOVICH, ANTHONY D</b> <b>221 N. LASALLE STREET, SUITE 3700</b> <b>CHICAGO IL 60015</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORRIS, DAVID J</b> <b>70 WEST MADISON</b> <b>CHICAGO IL 60602</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Executive VP and Assistant Sec</b> <b>Steven Ivankovich</b> <b>221 North LaSalle Street, Suite 3700</b> <b>Chicago, IL 60601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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)