FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
04-11-2002 90704 047 ***150.00

DOCUMENT # F00000004851

1. Entity Name
Alliance CT 2 GP, Inc.

DO NOT WRITE IN THIS SPACE

763553

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2. Principal Place of Business	3. Mailing Address
221 North LaSalle Street	104 Wilmot Road
Suite, Apt. #, etc.: Suite 3700	Suite, Apt. #, etc.: Suite 350
City & State: Chicago, IL	City & State: Deerfield, IL
Zip: 60601 Country: USA	Zip: 60015 Country: USA

4. FEI Number: 36-4386447 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
City: Plantation FL Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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
NAME	Andrew W. Schor
STREET ADDRESS	221 North LaSalle Street, Suite 3700
CITY-ST-ZIP	Chicago, IL 60601
TITLE	VPSD
NAME	Anthony D. Ivankovich
STREET ADDRESS	221 North LaSalle Street, Suite 3700
CITY-ST-ZIP	Chicago, IL 60601
TITLE	D
NAME	David J. Morris
STREET ADDRESS	70 West Madison Avenue
CITY-ST-ZIP	Chicago, IL 60602
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NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/4/02 312-332-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Andrew W. Schor

CR2E034B (12/01)