

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-02-2004 90063 010 ***150.00

DOCUMENT # F01000001124

1. Entity Name

ALLIANCE GJ GP, INC.



Principal Place of Business

**221 NORTH LASALLE ST.
STE 3700
CHICAGO IL 60601**

Mailing Address

**135 REVERE DRIVE
NORTHBROOK IL 60062**

2. Principal Place of Business

135 Revere Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Northbrook, IL

City & State

Zip

60062

Country

USA

Zip

Country

4. FEI Number

36-4423709

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 **PTCD** ☐ Delete
NAME **SCHOR, ANDREW W**
STREET ADDRESS **221 NORTH LASALLE STREET, SUITE 3700**
CITY-ST-ZIP **CHICAGO IL 60601**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
NAME **Andrew W. Schor**
STREET ADDRESS **221 North LaSalle Street, Suite 3700**
CITY-ST-ZIP **Chicago, IL 60601**

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

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

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

TITLE ☐ Change ☐ Addition
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

3-26-04

847-562-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #