

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90256 028 ***150.00

0650441 AT

DOCUMENT # F01000001124

1. Entity Name
ALLIANCE GJ GP, INC.



Principal Place of Business
**221 NORTH LASALLE ST.
STE 3700
CHICAGO IL 60601**

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

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 **36-4423709**

Applied For
Not Applicable

Zip

Country

Zip
60062

Country
USA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPAS
IVANKOVICH, STEVEN
221 NORTH LASALLE STREET, SUITE 3700
CHICAGO, IL 60601** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew W. Schor, President

4/24/03

Date

847-562-1400

Daytime Phone #

CR2E034 (10/02)