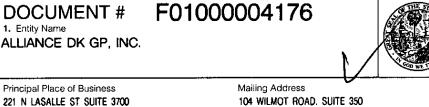
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

CHICAGO IL 60601

ALLIANCE DK GP, INC.



DEERFIELD IL 60015

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

04-25-2003 90253 008 ***150.00



2. Principal Place of Business			3. Mailing Address				ı inbilon iliş dölər işalı başır abılı salır abılı başır	E) ED	11t1 (80)	
			135	135 Revere Drive						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number 36-4460174	Applied	d For	
			Nor	Northbrook, IL			Not Applicable			
Zip	Zip Country) ' I		Country	1		3.75 Addition	nal	
			600		USA		Fe	e Required		
	6. Name	and Address of Current	Registere	ed Agent	N		Name and Address of New Registered Age	:nt		
					Name					
C T CORPORATION SYSTEM .				Street Addres			lress (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD						/				
PLANTATIO	ON FL 3332	24								
					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										
F	ILE NOW!!	! FEE IS \$150.00					9. Election Campaign Financing	\$5.00 M	Anu Da	
		3 Fee will be \$550.00					Trust Fund Contribution.	Added to F		
Make Check	r Payable to	Florida Department o	f State							
10.		OFFICERS AND	DIRECTO)AS	11.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN	11	
	PTD	•		☐ Delete	TITLE	1		Change _	Addition	
	SCHOR, ANDREW W				NAME					
CITY-ST-ZIP	CHICAGO	IL 60601			CITY-ST-ZIP					
TITLE	VSD			☐ Delete	TITLE	VSD		X Change 🗆	Addition	
	STREET ADDRESS 221 NORTH LASALLE STREET, SUITE 3				NAME		IVANKOVICH, ANTHONY D. 526 WOODLAND DRIVE GLENVIEW, IL 60025		ı	
				nó	STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP		IL 60601				.		37 01 CT	7 4 4477-1	
TITLE	D			☐ Delete	TITLE	D	-	X Change] Addition	
	MORRIS, DAVID J			NAME STREET ADDRESS	MORRIS, DAVID J. 231 S. LASALLE STREET, 9TH FLOOR					
STREET ADDRESS CITY-ST-ZIP	70 17201 1711 1010011			CIT		1	CHICAGO, IL 60697			
	CHICAGO	IL 00002		<u>Пъ.,</u>	TITLE	VPAS		Change XX	XAddition	
TITLE NAME				☐ Delete	NAME	1	KOVICH, STEVEN	J Ontango 212	ggradeliton	
STREET ADDRESS					STREET ADDRESS		NORTH LASALLE STREET, SUI	TE 3700		
CITY-ST-ZIP					CITY-ST-ZIP		AGO, IL 60601			
TITLE				☐ Delete	TITLE	<u> </u>		Change	Addition	
NAME					NAME		_			
STREET ADDRESS					STREET ADDRESS				}	
CITY-ST-ZIP					CITY-ST-ZIP	1.			-	
TITLE				☐ Delete	TITLE			Change	Addition	
NAME					NAME					
STREET ADDRESS					STREET ADDRESS					
CITY-ST-ZIP					CITY-ST-ZIP		***			
12. I hereby o	certify that the	e information supplied with	this filing	does not qualify for	the exemption sta	ted in Secti	ion 119.07(3)(i), Florida Statutes, I further certify	that the inform	nation	

indicated on this report or supplientental report is true and accurate and maintry signature shall have the same legal effect as in made drider dail, that if an arrolled of director of 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 attackment with an address, with all other like empowered.

SIGNATURE RECIGARD W. Schor, President

847-562-1400 Daytime Phone #