

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-02-2004 90063 008 ***150.00

DOCUMENT # F02000003638

1. Entity Name

ALLIANCE BP GP, INC.



Principal Place of Business

135 REVERE DRIVE
NORTHBROOK IL 60062
US

Mailing Address

135 REVERE DRIVE
NORTHBROOK IL 60062
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0621043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 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	DPT	<input type="checkbox"/> Delete
NAME	SCHOR, ANDREW W	
STREET ADDRESS	221 N. LASALLE ST., STE. 3700	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	IVANKOVICH, ANTHONY D	
STREET ADDRESS	526 WOODLAND DRIVE	
CITY-ST-ZIP	GLENVIEW GA 30025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BORRIELLO, DOMENIC A	
STREET ADDRESS	1209 ORANGE ST.	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENNY, CAMILIA M	
STREET ADDRESS	1209 ORANGE ST.	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	IVANKOVICH, STEVEN	
STREET ADDRESS	221 N. LASALLE STREET, STE 3700	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth J. Uva	
STREET ADDRESS	1209 Orange Street	
CITY-ST-ZIP	Wilmington, DE 19801	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Victor A. Duva	
STREET ADDRESS	1209 Orange Street	
CITY-ST-ZIP	Wilmington, DE 19801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #