


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

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

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

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

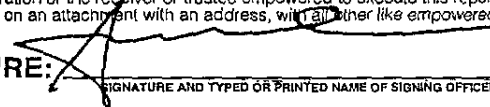
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SCHOR, ANDREW W 221 N. LASALLE ST., STE. 3700 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS IVANKOVICH, ANTHONY D 526 WOODLAND DRIVE GLENVIEW, GA 30025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UVA, KENNETH J 1209 ORANGE STREET WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUVA, VICTOR A 1209 ORANGE ST. WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS IVANKOVICH, STEVEN 221 N. LASALLE STREET, STE 3700 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000332823
04/26/05-80073-015 150.00

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IN THIS SPACE**

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 4/1/05 (847)562-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #