

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90256 044 \*\*\*150.00

0650443 AT

**DOCUMENT # F02000003638**

1. Entity Name  
**ALLIANCE BP GP, INC.**



Principal Place of Business  
**104 WILMOT RD., STE. 350  
DEERFIELD IL 60015**

Mailing Address  
**104 WILMOT RD., STE. 350  
DEERFIELD IL 60015**

2. Principal Place of Business  
**135 Revere Drive**

3. Mailing Address  
**135 Revere Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Northbrook, IL**

City & State  
**Northbrook, IL**

Zip Country  
**60062 USA**

Zip Country  
**60062 USA**

4. FEI Number **02-0621043**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

**11017757**



## 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 \_\_\_\_\_ (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

TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>SCHOR, ANDREW W</b>	
STREET ADDRESS	<b>221 N. LASALLE ST., STE. 3700</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60601</b>	
TITLE	<b>DVPS</b>	<input type="checkbox"/> Delete
NAME	<b>IVANKOVICH, ANTHONY D</b>	
STREET ADDRESS	<b>221 N. LASALLE ST., STE. 3700</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60601</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BORRIELLO, DOMENIC A</b>	
STREET ADDRESS	<b>1209 ORANGE ST.</b>	
CITY-ST-ZIP	<b>WILMINGTON DE 19801</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HORNE, ADRIANNE M</b>	
STREET ADDRESS	<b>1209 ORANGE ST.</b>	
CITY-ST-ZIP	<b>WILMINGTON DE 19801</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>DVPCS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IVANKOVICH, ANTHONY D.</b>	
STREET ADDRESS	<b>526 WOODLAND DRIVE</b>	
CITY-ST-ZIP	<b>GLENVIEW, IL 60025</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DENNY, CAMILIA M.</b>	
STREET ADDRESS	<b>1209 ORANGE STREET</b>	
CITY-ST-ZIP	<b>WILMINGTON, DE 19801</b>	
TITLE	<b>VPAS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEVEN IVANKOVICH</b>	
STREET ADDRESS	<b>221 N. LASALLE STREET, SUITE 3700</b>	
CITY-ST-ZIP	<b>CHICAGO, IL 60601</b>	
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** SIGNATURE RE (Andrew) Schor, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03**

Date

**847-562-1400**

Daytime Phone #

CR2E034 (10/02)