

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

DOCUMENT # F03000004022

1. Entity Name

ALLIANCE RT GP, INC.



04-05-2004 90409 048 ***150.00

Principal Place of Business

135 REVERE DRIVE
NORTHBROOK IL 60062

Mailing Address

135 REVERE DRIVE
NORTHBROOK IL 60062

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

35-2211787

~~APPLIED FOR~~

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME SCHOR, ANDREW W
STREET ADDRESS 221 N. LASALLE STREET, SUITE 3700
CITY-ST-ZIP CHICAGO IL 60601

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

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

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

TITLE D ☒ Delete
NAME DENNY, CAMILIA M
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON DE 19801

TITLE Director ☐ Change ☒ Addition
NAME Kenneth-J. Uva
STREET ADDRESS 1209 Orange Street
CITY-ST-ZIP Wilmington, DE 19801

TITLE D ☒ Delete
NAME LUTTHANS, KIM E
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON DE 19801

TITLE Director ☐ Change ☒ Addition
NAME Victor A. Duva
STREET ADDRESS 1209 Orange Street
CITY-ST-ZIP Wilmington, DE 19801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Exec. VP & Asst. Secretary ☐ Change ☒ Addition
NAME Steven Ivankovich
STREET ADDRESS 221 N. LaSalle Street, Suite 3700
CITY-ST-ZIP Chicago, IL 60601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

847-562-1400

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR