

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F03000004022	
1. Entity Name ALLIANCE RT GP, INC.	
Principal Place of Business 135 REVERE DRIVE NORTHBROOK, IL 60062	Mailing Address 135 REVERE DRIVE NORTHBROOK, IL 60062



DO NOT WRITE IN THIS SPACE

03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 35-2211787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SCHOR, ANDREW W 221 N. LASALLE STREET, SUITE 3700 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD IVANKOVICH, ANTHONY D 221 N. LASALLE STREET, SUITE 3700 CHICAGO, IL 60601
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 STREET WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVAS IVANKOVICH, STEVEN 221 N. LASALLE STREET, SUITE 3700 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/26/05-80073-017 150.00

**DO NOT WRITE
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)(f), 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 #