

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # F03000005442**

1. Entity Name  
**ALLIANCE HC GP I, 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  
**37-1477850**

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**

**DO NOT WRITE  
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

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, 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 STREET, SUITE 3700  
CHICAGO, IL 60601**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVS  
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 ST  
WILMINGTON, DE 19801**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPAS  
IVANKOVICH, STEVEN  
221 NORTH LASALLE ST, STE 3700  
CHICAGO, IL 60601**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000332833  
04/26/05-80073-018 150.00

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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)(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 duly 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 #