

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000005442 1. Entity Name ALLIANCE HC GP I, INC.	
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Principal Place of Business 135 REVERE DRIVE NORTHBROOK, IL 60062	Mailing Address 135 REVERE DRIVE NORTHBROOK, IL 60062
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03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1477850	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 _____ (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, 2006 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	

000000527784
05/05/06-80009-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **4/1/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #