FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90005 004 ***150.00

DOCUMENT # F97000003791

1. Corporation Name
ALLIANCE HD PORTFOLIO I, INC.

Principal Place of Business	Mailing Address
221 N. LASALLE ST., #1653 CHICAGO IL 60601	221 N. LASALLE ST., #1653 CHICAGO IL 60601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/21/1997

2. Principal Place of Business	2a. Mailing Address
21 2400 AUGUSTA DR	26 2400 AUGUSTA DR
Suite, Apt. #, etc. 22 SUITE 450	Suite, Apt. #, etc. 27 SUITE 450
City & State 23 HOUSTON, TX	City & State 28 HOUSTON, TX
Zip / Country 24 77057 25 USA	Zip / Country 29 77057 30 USA

4. FEI Number: 36-4168442 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHOR, ANDREW		1.2 NAME		
STREET ADDRESS	221 N. LASALLE #1653		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60601		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	IVANKOVICH, STEVEN		2.2 NAME		
STREET ADDRESS	221 N. LASALLE ST., #1653		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60601		2.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	IVANKOVICH, ANTHONY D		3.2 NAME		
STREET ADDRESS	536 WOODLAND DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GLENVIEW IL 60025		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHOR, ANDREW		4.2 NAME		
STREET ADDRESS	221 N. LASALLE ST., #1653		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60601		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUNT, STACY		5.2 NAME		
STREET ADDRESS	2 RIVERWAY, SUITE #850		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77056		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/9/99 (713) 977-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ANDREW SCHOR