

2000 UNIFORM BUSINESS REPORT (UBR)

0567514

DOCUMENT # F97000003791

1. Entity Name

ALLIANCE HD PORTFOLIO I, INC.

FILED

00 FEB 29 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2400 AUGUSTA DR
SUITE 450
HOUSTON TX 77057
US

2400 AUGUSTA DR
SUITE 450
HOUSTON TX 77057-4964
US

2. Principal Place of Business

3. Mailing Address

221 North LaSalle Street

104 Wilnot Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3700

Suite 350

City & State

City & State

Chicago, IL

Deerfield, IL

Zip

Country

Zip

Country

60601

USA

60015

USA

4. FEI Number

36-4168442

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

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PTD
STREET ADDRESS SCHOR, ANDREW
CITY-ST-ZIP 221 N. LASALLE #1653
CHICAGO IL 60601

TITLE ☒ Change ☐ Addition
NAME Suite 3700
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS IVANKOVICH, STEVEN
CITY-ST-ZIP 221 N. LASALLE ST., #1653
CHICAGO IL 60601

TITLE ☒ Change ☐ Addition
NAME Suite 3700
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VSD
STREET ADDRESS IVANKOVICH, ANTHONY D
CITY-ST-ZIP 536 WOODLAND DR.
GLENVIEW IL 60025

TITLE ☐ Change ☐ Addition
NAME 8000003162078---6
STREET ADDRESS -03/08/00--01051--009
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☒ Delete
NAME D
STREET ADDRESS SCHOR, ANDREW
CITY-ST-ZIP 221 N. LASALLE ST., #1653
CHICAGO IL 60601

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

TITLE ☒ Delete
NAME D
STREET ADDRESS HUNT, STACY
CITY-ST-ZIP 2 RIVERWAY, SUITE #850
HOUSTON TX 77056

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Nathan Rexroth
CITY-ST-ZIP 1808 Swift Road
Oakbrook, IL 60523

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Andrew W. Schor, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/ /2000 312-332-8000

Date

Daytime Phone #

CR2E034 (9/99)