

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90005 003 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F97000005453

1. Corporation Name  
**ALLIANCE CC PORTFOLIO I, INC.**



Principal Place of Business 221 NORTH LASALLE ST., STE. 1653 CHICAGO IL 60601	Mailing Address 221 NORTH LASALLE ST., STE. 1653 CHICAGO IL 60601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2400 AUGUSTA DR Suite, Apt. #, etc. 22 SUITE 450 City & State 23 HOUSTON, TX Zip 24 77057		2a. Mailing Address 26 2400 AUGUSTA DR Suite, Apt. #, etc. 27 SUITE 450 City & State 28 HOUSTON, TX Zip 29 77057		3. Date incorporated or Qualified 10/16/1997	
25 USA		30 USA		4. FEI Number 36-4187180 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				5. \$8.75 Additional Fee Required	
				6. \$5.00 May Be Added to Fees	

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS IVANKOVICH, ANTHONY D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	526 WOODLAND DR. GLENVIEW IL 60025	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DPT SCHOR, ANDREW	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	221 NORTH LASALLE ST., STE. 1653 CHICAGO IL 60601	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D REXROTH, NATHAN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	215 WEST HURON ST. CHICAGO IL 60610	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V IKANKOVICH, STEVEN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	221 NORTH LASALLE ST., STE. 1653 CHICAGO IL 60601	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address with all other like empowered.

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

CR2E034 (11/98)