2002 UNIFORM BUSINESS REPORT (UBR)

ALLIANCE HOLDINGS INVESTMENT

By:

May 08, 2002 8:00 am Secretary of State DOCUMENT # M0100000461 1. Entity Name 05-08-2002 90075 028 ****50.00 ALLIANCE GJ VL. L.L.C. Principal Place of Business Maifing Address 104 WILMOT RD., STE. 350 956471 104 WILMOT RD., STE. 350 DEERFIELD IL 60015 DEERFIELD IL 80015 2. Principal Place of Business 3. Mailing Address 221 North LaSalle Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 3700 City & State City & State 4. FEI Number Applied For APPLIED FOR Chicago, IL 36-4423605 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 60601 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 ENTE NOWHELE IS \$5000 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Manager TITLE CR2E083 (9/01) Change Addition NAME Alliance Holdings Investments II, L.L.C. NAME STREET ADDRESS 221 North LaSalle Street, Suite 3700 STREET ADDRESS CITY-ST-ZIP Chicago, IL 60601 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-SY-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Delaware limited liability company, Manager

OR AUTHORIZED REPRESENTATIVE

04/25/02 312-332-8000

FILED