

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068500

Entity Name: ALLIED BEACON PARTNERS, INC.**Current Principal Place of Business:**1100 BOULDERS PARKWAY
SUITE 600
RICHMOND, VA 23225**Current Mailing Address:**1100 BOULDERS PARKWAY
SUITE 600
RICHMOND, VA 23225 US**FEI Number:** 59-3528061**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	HINTZ, JAMES
Address	1100 BOULDERS PARKWAY SUITE 600
City-State-Zip:	RICHMOND VA 23225

Title	TREASURER
Name	LEIBOWITZ, ROGER F.
Address	1100 BOULDERS PARKWAY SUITE 600
City-State-Zip:	RICHMOND VA 23225

Title	CHAIRMAN
Name	MATHER, ROBERT P
Address	1100 BOULDERS PARKWAY SUITE 600
City-State-Zip:	RICHMOND VA 23225

Title	SECRETARY
Name	POLLINA, CHRISTOPHER
Address	1100 BOULDERS PARKWAY SUITE 600
City-State-Zip:	RICHMOND VA 23225

Title	DIRECTOR
Name	SIEPMANN, KLAUSS
Address	1100 BOULDERS PARKWAY SUITE 600
City-State-Zip:	RICHMOND VA 23225

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROGER F. LEIBOWITZ**TREASURER****04/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date