2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 803440

Entity Name: ALCOMA CORPORATION

Current Principal Place of Business:

123 EAST 70TH STREET
NEW YORK, NY 10021

New Principal Place of Business:

Current Mailing Address:

123 EAST 70TH STREET
NEW YORK, NY 10021

New Mailing Address:

FEI Number: 13-0421738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAN ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SLOANE, VIRGINIA
Address: 8 OAK LANE
City-St-Zip: LARCHMONT, NY 10538

Title: D ( ) Delete
Name: OBSER, FRED
Address: 120 VIOLET AVE
City-St-Zip: FLORAL PARK, NY 11001

Title: VD ( ) Delete
Name: SMADBECK, PAUL
Address: 320 TITICUS RD
City-St-Zip: N SALEM, NY 10560

Title: VTD ( ) Delete
Name: SMADBECK, ARTHUR J.,
Address: RR1 BOX 65A3
City-St-Zip: EDGARTOWN, MA 02539

Title: SATD (X) Delete
Name: ROSENBAUM, HOWARD,
Address: 328 E 52ND ST
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete
Name: TILLSON, DAVID
Address: 1 PILGRIM TRAIL
City-St-Zip: WESTPORT, CT 06880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BETTY HARRIS VP 01/14/2009

Electronic Signature of Signing Officer or Director — Date