2002 UNIFORM BUSINESS REPORT (UBR)

001837 AB

DOCUMENT # B00000000149

FILED

02 APR 30 PM 4:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Entity Name

ALLIANCE CAPITAL MANAGEMENT L.P.

Principal Place of Business	Mailing Address
ATTN: KEN BARKOFF 1345 AVENUE OF THE AMERICAS NEW YORK NY 10105	ATTN: KEN BARKOFF 1345 AVENUE OF THE AMERICAS NEW YORK NY 10105

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 13-4064930 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. **$223,557.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F00000002659 ALLIANCE CAPITAL MANAGEMENT CORPORATION 1345 AVENUE OF THE AMERICAS NEW YORK NY 10105	STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (9/01)

STAPLE CHECK HERE

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Alliance Capital Management Corporation
General Partner
By: KENNETH BARKOFF 4/24/02 (212) 969-6442

SIGNATURE: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #