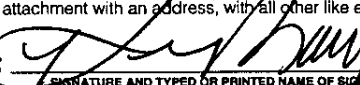


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90139 016 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |                                                                                                                        |                                                                                                      |                                                                                                                                                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F00000002659</b><br>1. Entity Name<br><b>ALLIANCE CAPITAL MANAGEMENT CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                        |                                                                                                      |                                                                                                               |  |
| Principal Place of Business<br><b>C/O KENNETH BARKOFF<br/>1345 AVENUE OF THE AMERICAS<br/>NEW YORK, NY 10105</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                                                                        | Mailing Address<br><b>C/O KENNETH BARKOFF<br/>1345 AVENUE OF THE AMERICAS<br/>NEW YORK, NY 10105</b> |                                                                                                                                                                                                |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      | 3. Mailing Address                                                                                                     |                                                                                                      |                                                                                                                                                                                                |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      | Suite, Apt. #, etc.                                                                                                    |                                                                                                      |                                                                                                                                                                                                |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      | City & State                                                                                                           |                                                                                                      |                                                                                                                                                                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                              | Zip                                                                                                                    | Country                                                                                              | 4. FEI Number<br><b>13-3633538</b>                                                                                                                                                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                                                        |                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                         |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |                                                                                                                        |                                                                                                      | 7. Name and Address of New Registered Agent                                                                                                                                                    |  |
| <b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |                                                                                                                        |                                                                                                      | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                      |                                                                                                                        |                                                                                                      |                                                                                                                                                                                                |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |                                                                                                                        |                                                                                                      |                                                                                                                                                                                                |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                      |                                                                                                                                                                                                |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                      |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PD</b><br><del><b>GARIFA, JOHN D</b></del><br><b>1345 AVENUE OF THE AMERICAS</b><br><b>NEW YORK, NY 10105</b>     | <input checked="" type="checkbox"/> Delete                                                                             |                                                                                                      |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>V</b><br><b>BARKOFF, KENNETH F</b><br><b>1345 AVENUE OF THE AMERICAS</b><br><b>NEW YORK, NY 10105</b>             | <input type="checkbox"/> Delete                                                                                        |                                                                                                      |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>S</b><br><del><b>BREWER, DAVID R JR.</b></del><br><b>1345 AVENUE OF THE AMERICAS</b><br><b>NEW YORK, NY 10105</b> | <input checked="" type="checkbox"/> Delete                                                                             |                                                                                                      |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>T</b><br><b>ONOFRIO, JOHN</b><br><b>1345 AVENUE OF THE AMERICAS</b><br><b>NEW YORK, NY 10105</b>                  | <input type="checkbox"/> Delete                                                                                        |                                                                                                      |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>HOLLOWAY, BENJAMIN D</b><br><b>1345 AVENUE OF THE AMERICAS</b><br><b>NEW YORK, NY 10105</b>           | <input type="checkbox"/> Delete                                                                                        |                                                                                                      |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>CALVERT, BRUCE W</b><br><b>1345 AVENUE OF THE AMERICAS</b><br><b>NEW YORK, NY 10105</b>               | <input type="checkbox"/> Delete                                                                                        |                                                                                                      |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Exe. VP</b><br><b>Gerald M. Lieberman</b><br><b>1345 Avenue of the Americas</b><br><b>New York, NY 10105</b>      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                           |                                                                                                      |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Secretary</b><br><b>Mark Manley</b><br><b>1345 Avenue of the Americas</b><br><b>New York, NY 10105</b>            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                           |                                                                                                      |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                                                      |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                                                      |                                                                                                                                                                                                |  |
| 12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                      |                                                                                                                        |                                                                                                      |                                                                                                                                                                                                |  |
| <b>SIGNATURE:</b>  <b>Kenneth Barkoff</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |                                                                                                                        |                                                                                                      |                                                                                                                                                                                                |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                        |                                                                                                      |                                                                                                                                                                                                |  |
| Date: <b>4/28/04</b> Daytime Phone #: <b>212-969-6442</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                                                        |                                                                                                      |                                                                                                                                                                                                |  |