2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000002659

1. Entity Name

ALLIANCE CAPITAL MANAGEMENT CORPORATION



FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90526 044 ***150.00



ALLIANC	E CAPITAL MANAGEMENT	CORPORATION								
Principal Place of Business C/O KENNETH BARKOFF 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105		Mailing Address C/O KENNETH BARKOFF 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105			È I nd ii ne 3101	FBIIR 40818 40111 0 6118 401	,	0045		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04052005	Chg-P	CR2E03	34 (10/03)		
City & State		City & State			4. FEI Numbe				oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add		
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New F	Registered A	gent		
			Name	Name						
1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ON. FL 33324	Street Addres		Address (I	P.O. Box Numbe	r is Not Acceptable	e)			
	3									
	•		City				FL	Zip Cod	е	
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.										
CIONATI DE										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					00 May Be ed to Fees				·	
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	EXEV	☐ Delete	TITLE NAME					☐ Change	Addition	
NAME STREET ADDRESS	LIEBERMAN, GERALD M 1345 AVENUE OF THE AMERICA	.S	STREET ADDRESS							
CITY-ST-ZIP	NEW YORK, NY 10105		CITY-ST-ZIP							
TITLE	V	☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	BARKOFF, KENNETH F 1345 AVENUE OF THE AMERICA	•	NAME Street address							
CITY-ST-ZIP	NEW YORK, NY 10105		CITY-ST-ZIP							
TITLE	S	☐ Delete	TITLE	1				Change	Addition	
NAME	MANLEY, MARK	•	NAME							
STREET ADORESS CITY-ST-ZIP	1345 AVENUE OF THE AMERICA NEW YORK, NY 10105	.5	STREET ADDRESS CITY-ST-ZIP							
TITLE	T	☐ Delete	TITLE					☐ Change	Addition	
NAME	ONOFRIO, JOHN		NAME							
STREET ADDRESS CITY-ST-ZIP	1345 AVENUE OF THE AMÉRICA NEW YORK, NY 10105	S	STREET ADDRESS CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLE	1				☐ Change	☐ Addition	
NAME	HOLLOWAY, BENJAMIN D		NAME							
STREET ADDRESS CITY-ST-ZIP	1345 AVENUE OF THE AMERICA NEW YORK, NY 10105	s	STREET ADDRESS CITY-ST-ZIP							
TITLE	D	Xi Delete	TITLE	Dir	ector			☐ Change	■ Addition	
NAME	CALVERT, BRUGE W		NAME	Lew	is Sande			_ •		
STREET ADDRESS	1345 AVENUE OF THE AMERICA	S	STREET ADDRESS	1		of the A	mericas	;		
CITY-ST-ZIP NEW YORK, NY 10105 CITY-ST 12. I hereby certify that the information supplied with this filing does not qualify for the exemption supplied with this filing does not qualify for the exemption.					York, N		I further cost	ify that the i	nlormation	
1 12 1 1 1 1 1 1 1 1 1 1	coming a factorio in accompanion aupprison with t	rue mund acces not doging to t	and avoin hinding se		0	A . IOITOU GIBIUIDS.	THE PROPERTY OF LAND	" 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WOLLD THE STORY	

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 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.

(212) 969-6442