

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002659

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: ALLIANCEBERNSTEIN CORPORATION

**Current Principal Place of Business:**

C/O KENNETH BARKOFF  
1345 AVENUE OF THE AMERICAS  
NEW YORK, NY 10105

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KENNETH BARKOFF  
1345 AVENUE OF THE AMERICAS  
NEW YORK, NY 10105

**New Mailing Address:**

FEI Number: 13-3633538      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND 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: EXEV ( ) Delete  
Name: LIEBERMAN, GERALD M  
Address: 1345 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10105

Title: V ( ) Delete  
Name: BARKOFF, KENNETH F  
Address: 1345 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10105

Title: S ( ) Delete  
Name: MANLEY, MARK  
Address: 1345 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10105

Title: T ( ) Delete  
Name: ONOFRIO, JOHN  
Address: 1345 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10105

Title: D (X) Delete  
Name: HOLLOWAY, BENJAMIN D  
Address: 1345 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10105

Title: D (X) Delete  
Name: SANDERS, LEWIS  
Address: 1345 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10105

**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: KENNETH BARKOFF

VP

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date