

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004942

FILED
May 19, 2009
Secretary of State

Entity Name: ALLIANCE-ONE SERVICES, INC.

Current Principal Place of Business:

C/O CSC
2100 EAST GRAND AVENUE
EL SEGUNDO, CA 90245

New Principal Place of Business:

200 W. CESAR CHAVEZ
AUSTIN, TX 78701

Current Mailing Address:

C/O CSC
2100 EAST GRAND AVENUE
EL SEGUNDO, CA 90245

New Mailing Address:

200 W. CESAR CHAVEZ
AUSTIN, TX 78701

FEI Number: 74-2764079

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RISLEY, MICHAEL W
Address: 7800 N. STEMMONS FREEWAY, SUITE 600
City-St-Zip: DALLAS, TX 75247

Title: STD () Delete
Name: GILMORE, LOU ANNE
Address: 200 WEST CESAR CHAVEZ
City-St-Zip: AUSTIN, TX 78701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RISLEY, MICHAEL W
Address: 8616 FREEPORT PARKWAY
City-St-Zip: IRVING, TX 75063

Title: STD (X) Change () Addition
Name: GILMORE, LOU ANNE
Address: 200 W. CESAR CHAVEZ STREET
City-St-Zip: AUSTIN, TX 78701

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: ANNE MEYER

POA

05/19/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date