

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 01 1998 8:00am**  
**Secretary of State**

**DOCUMENT # F96000004764 (4)**  
Corporation Name  
**BUSINESS ALLIANCE CAPITAL CORP.**



Principal Place of Business  
**300 ALEXANDER PARK, 2ND FLOOR  
PRINCETON NJ 08543**

Mailing Address  
**300 ALEXANDER PARK, 2ND FLOOR  
PRINCETON NJ 08543**

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

**09/17/1996**

FEI Number

**25-1769131**

Applied For  
Not Applicable

Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**30** Country

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

**CORPORATION SERVICE COMPANY  
1201 MAYS STREET  
TALLAHASSEE FL 32301-2525**

**Name and Address of New Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**OFFICERS AND DIRECTORS**

TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>UHL, RICHARD J</b>	
STREET ADDRESS	<b>1000 RIDC PLAZA, SUITE 218</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA 15238</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KOMPA, THEODORE</b>	
STREET ADDRESS	<b>300 ALEXANDER PARK</b>	
CITY-ST-ZIP	<b>PRINCETON NJ 08543</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDRICH, JEFFREY K</b>	
STREET ADDRESS	<b>300 ALEXANDER PARK</b>	
CITY-ST-ZIP	<b>PRINCETON NJ 08543</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SEIBOLD, WILLIAM F</b>	
STREET ADDRESS	<b>300 ALEXANDER PARK</b>	
CITY-ST-ZIP	<b>PRINCETON NJ 08543</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JACKSON, FRANK C</b>	
STREET ADDRESS	<b>1000 RIDC PLAZA</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA 15238</b>	
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEHMAN, HAROLD L</b>	
STREET ADDRESS	<b>1000 RIDC PLAZA</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA 15238</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VT5</b>
5.3 STREET ADDRESS	<b>STEPHEN J. CARROLL</b>
5.4 CITY-ST-ZIP	<b>300 ALEXANDER PARK</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>PRINCETON, NJ 08543</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)