


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000004764 1. Entity Name BUSINESS ALLIANCE CAPITAL CORP.	
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Principal Place of Business 214 CARNEGIE CENTER STE 302 PRINCETON, NJ 08540	Mailing Address 214 CARNEGIE CENTER STE 302 PRINCETON, NJ 08540
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DO NOT WRITE IN THIS SPACE



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1769131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOMPA, THEODORE 300 ALEXANDER PARK PRINCETON, NJ 08543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLDRICH, JEFFREY K 300 ALEXANDER PARK PRINCETON, NJ 08543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEIBOLD, WILLIAM F 300 ALEXANDER PARK PRINCETON, NJ 08543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARROLL, STEPHEN J 300 ALEXANDER PARK, 2ND FLOOR PRINCETON, NJ 08543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIENER, ALAN 300 ALEXANDER PARK PRINCETON, NJ 08543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KLINEMAN, KENT 1270 AVE OF THE AMERICAS NEW YORK, NY 10020

U000000119636
04/19/04-80108-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Stephen J. Carroll STEPHEN J. CARROLL 4/15/04 609-514-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #