

**2005 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000004764

1. Entity Name
BUSINESS ALLIANCE CAPITAL CORP.



Principal Place of Business

214 CARNEGIE CENTER
STE 302
PRINCETON, NJ 08540

Mailing Address

214 CARNEGIE CENTER
STE 302
PRINCETON, NJ 08540

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number
25-1769131

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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04/14/05-80079-009 150.00

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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)(i), 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

4/15/05 602-574-5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #