2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# G14343

Entity Name: ALLIANCE INVESTMENT COMPANY

Current Principal Place of Business:

ONE INDEPENDENT DR
STE 1600
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DR
STE 1600
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-2266182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWER, E B
ONE INDEPENDENT DR
STE 1600
JACKSONVILLE, FL 32202 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: CP
Name: BOWER, E. BRUCE
Address: ONE INDEPENDENT DR STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: S
Name: CRAWFORD, JOHN R
Address: ONE INDEPENDENT DR STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: VST
Name: BOWER, MARY M
Address: ONE INDEPENDENT DR STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: AV
Name: BOWER, MARY J
Address: ONE INDEPENDENT DR STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: AV
Name: RUGGLES, BROOKE M
Address: ONE INDEPENDENT DR STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

I hereby 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 all other like empowered.

SIGNATURE: EUGENE BRUCE BOWER CP 02/16/2010

Electronic Signature of Signing Officer or Director — Date