

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000003643

**FILED**  
**Apr 15, 2015**  
**Secretary of State**  
**CC8882183544**

**Entity Name:** ALLIANCE DISTRIBUTORS HOLDING INC.

**Current Principal Place of Business:**

127 WEST 26TH STREET  
904  
NEW YORK, NY 10001

**Current Mailing Address:**

127 WEST 26TH STREET  
904  
NEW YORK, NY 10001 US

**FEI Number:** 33-0851302

**Certificate of Status Desired:** Yes

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

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

*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

**Officer/Director Detail :**

Title D  
Name NATHAN, STEVEN  
Address 127 WEST 26TH STREET  
904  
City-State-Zip: NEW YORK NY 10001

Title C  
Name GELMAN, JAY  
Address 127 WEST 26TH STREET  
904  
City-State-Zip: NEW YORK NY 10001

Title T  
Name AGRESS, STEPHEN  
Address 127 WEST 26TH STREET  
904  
City-State-Zip: NEW YORK NY 10001

Title D  
Name POWELL, HUMBERT BIII  
Address 127 WEST 26TH STREET  
904  
City-State-Zip: NEW YORK NY 10001

Title D  
Name VITIELLO, THOMAS  
Address 127 WEST 26TH STREET  
904  
City-State-Zip: NEW YORK NY 10001

Title D  
Name JAMES, CORFMAN  
Address 127 WEST 26TH STREET  
904  
City-State-Zip: NEW YORK NY 10001

*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:** STEPHEN AGRESS

CFO

04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date