

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90068 014 \*\*\*150.00

**DOCUMENT # 800416**

1. Corporation Name

**THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES**

Principal Place of Business

1290 AVENUE OF THE AMERICAS  
ATTN: D. HATTEM  
NEW YORK NY 10104  
US

Mailing Address

135 WEST 50TH STREET - 3RD FLOOR  
ATTN: C. BISHOP  
NEW YORK NY 10020-1201  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1912

4. FEI Number

13-5570651

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

1290 Avenue of the Americas

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

11th FL., Attn: J. S. Reddy

City & State

City & State

23

28

New York, N.Y.

Zip

Country

Zip

Country

24

25

29

10104

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDMAN, ROBERT M  
2255 GLADES ROAD  
SUITE 412-E  
BOCA RATON FL 33431

81 Name

Peter Smith

82 Street Address (P.O. Box Number is Not Acceptable)

2255 Glades Road

83

Suite 412-E

84 City

Boca Raton

FL

85

Zip Code

33431

11. 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Chairman of Board & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE CASTRIES, HENRI	1.2 NAME	Edward D. Miller
STREET ADDRESS	1290 AVENUE OF THE AMERICAS	1.3 STREET ADDRESS	1290 Ave. of the Americas
CITY-ST-ZIP	NEW YORK NY 10104	1.4 CITY-ST-ZIP	New York, N.Y. 10104
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	VP & Sec. & Assoc. Gen. Counsel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, PAULINE	2.2 NAME	
STREET ADDRESS	1290 AVENUE OF THE AMERICAS	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10104	2.4 CITY-ST-ZIP	
TITLE	SVPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	President & COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYRNE, KEVIN R	3.2 NAME	Michael Hegarty
STREET ADDRESS	1290 AVENUE OF THE AMERICAS	3.3 STREET ADDRESS	1290 Ave. of the Americas
CITY-ST-ZIP	NEW YORK NY 10104	3.4 CITY-ST-ZIP	New York, N.Y. 10104
TITLE	COB <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice Chairman of the Board & CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIONNE, JOSEPH L.	4.2 NAME	Stanley B. Tulin
STREET ADDRESS	1290 AVENUE OF THE AMERICAS	4.3 STREET ADDRESS	1290 Ave. of the Americas
CITY-ST-ZIP	NEW YORK NY 10104	4.4 CITY-ST-ZIP	New York, N.Y. 10104
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	ESREY, WILLIAM T.	5.2 NAME	
STREET ADDRESS	1290 AVENUE OF THE AMERICAS	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10104	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	COLLOC'H, FRANCOISE	6.2 NAME	
STREET ADDRESS	1290 AVENUE OF THE AMERICAS	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10104	6.4 CITY-ST-ZIP	

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S. Reddy

April 27, 2000

Date

(212) 314-5506

Daytime Phone #