

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90307 048 ***150.00

DOCUMENT # 800416

1. Entity 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 1290 AVENUE OF THE AMERICAS ATTN: D. HATTEM NEW YORK NY 10104 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 13-5570651 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 6. Name and Address of Current Registered Agent SMITH, PETER 2255 GLADES ROAD SUITE 412-E BOCA RATON FL 33431 | | | | 7. Name and Address of New Registered Agent Name DONALD WOLGAST Street Address (P.O. Box Number is Not Acceptable) 9130 SOUTH DADELAND BLVD. SUITE 1400 City MIAMI FL Zip Code 33156 | | | |
|--|--|--|--|---|--|--|--|

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.

SIGNATURE *Don Wolgast* **DONALD WOLGAST** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOB MILLER, EDWARD D 1290 AVE OF THE AMERICAS NEW YORK NY 10104 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Chairman & CEO Christopher M. Condon 1290 Avenue of the Americas New York, NY 10104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPS SHERMAN, PAULINE 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCOO HEGARTY, MICHAEL 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCOB TULIN, STANLEY B 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLLOC'H, FRANCOISE 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Henri de Castries 1290 Avenue of the Americas New York, NY 10104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGN [Signature]* **1/22/02** **212 314-3852**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SECRETARY OF STATE

CR2E034 (9/01)