

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 800416



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 18 PM 1:17

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
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **13-5570651** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES *MRS*

6. Name and Address of Current Registered Agent

**WOLGATE, DONALD
4130 S DADELAND BLVD STE 400
1400
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **CEOB CHRISTOPHER, CONDOM**
STREET ADDRESS **1290 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY 10104**

TITLE Change Addition
NAME **CEOB CHRISTOPHER, CONDOM**
STREET ADDRESS **1090 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK, NY 10104**

TITLE Delete
NAME **SVPS SHERMAN, PAULINE**
STREET ADDRESS **1290 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY 10104**

TITLE Change Addition
NAME **VCOB MCCANN, ROBERT J.**
STREET ADDRESS **1290 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK, NY 10104**

TITLE Delete
NAME **VCOB TULIN, STANLEY B**
STREET ADDRESS **1290 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY 10104**

TITLE Change Addition
NAME
STREET ADDRESS **700021649227**
CITY-ST-ZIP **07/18/03--01082--002 **550.00**

TITLE Delete
NAME **D COLLOC'H, FRANCOISE**
STREET ADDRESS **1290 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY 10104**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D HENN, CASTRIES**
STREET ADDRESS **1290 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY 10104**

TITLE Change Addition
NAME **D HENRI, de CASTRIES**
STREET ADDRESS **1090 Avenue of the Americas**
CITY-ST-ZIP **NEW YORK, NY 10104**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Shonda Galbreath* 7/15/03 212 314-3852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)