

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90069 035 ***150.00

0575654 AT

DOCUMENT # F00000000006

1. Entity Name

AXA DISTRIBUTION HOLDING CORPORATION

Principal Place of Business

**1290 AVENUE OF THE AMERICAS
NEW YORK NY 10104**

Mailing Address

**1290 AVENUE OF THE AMERICAS
NEW YORK NY 10104**

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

13-4078005

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324****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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**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. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MILLER, EDWARD D 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEGARTY, MICHAEL 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TULIN, STANLEY B. 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERMAN, PAULINE 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD CONDON, CHRISTOPHER M. 1290 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10104 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/D TULIN, STANLEY B. 1290 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10104 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BYRNE, KEVIN R. 1290 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10104 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 5, 2002 212-314-5501

Date

Daytime Phone #

CR2E034 (9/01)