


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000000006</b>	
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
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**DO NOT WRITE IN THIS SPACE**



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4078005	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U000000097373  
03/26/04-80036-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD CONDON, CHRISTOPHER M 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRYNE, KEVIN R 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD TULIN, STANLEY B 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERMAN, PAULINE 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Pauline Sherman*  
PAULINE SHERMAN

03/25/04 212-314-5505

Date Daytime Phone if