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

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 13 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G62115

1. Corporation Name
EQUIVEST FINANCE, INC.

Principal Place of Business
TWO CLINTON SQUARE
SYRACUSE, NY 13202

Mailing Address
OFFICE OF GENERAL COUNSEL
TWO CLINTON SQUARE
SYRACUSE, NY 13202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/83

2. Principal Place of Business
21 TWO CLINTON SQUARE
Suite, Apt. #, etc. 22
City & State 23 SYRACUSE, NY
Zip 24 13202 Country 25 USA

2a. Mailing Address
26 OFFICE OF GENERAL COUNSEL, TWO CLINTON SQUARE
Suite, Apt. #, etc. 27
City & State 28 SYRACUSE, NY
Zip 29 13202 Country 30 USA

4. FEI Number: 592346270 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

7. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 NOT APPLICABLE
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO RICHARD C. BREEDEN TWO CLINTON SQUARE SYRACUSE, NY 13202	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002616551 08/14/98 01065-019 ****558.75 ****558.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DFCO THOMAS J. HAMEL TWO CLINTON SQUARE SYRACUSE, NY 13202	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN R. PETTY 1953 GALLOS ROAD VIENNA, VA 22182	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE W. CARMANY III 31 MILK STREET, SUITE 510 BOSTON, MA 02109	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SCC ERIC C. COTTON TWO CLINTON SQUARE SYRACUSE, NY 13202	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPC GERALD L. KLABEN, JR. TWO CLINTON SQUARE SYRACUSE, NY 13202	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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.

8/12/98

SIGNATURE: Eric C. Cotton Secretary 8/12/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ERIC C. COTTON (315-422-9088)

SEE ATTACHED PAGE FOR LIST OF ADDITIONAL OFFICERS AND DIRECTORS

12. Continued OFFICERS AND DIRECTORS

TITLE:	**VP**
NAME:	**LISA M. HENSON**
STREET ADDRESS:	**TWO CLINTON SQUARE**
CITY, ST. ZIP:	**SRACUSE, NY 13202**

TITLE:	**C**
NAME:	**JAMES R. PETRIE**
STREET ADDRESS:	**TWO CLINTON SQUARE**
CITY, ST. ZIP:	**SRACUSE, NY 13202**