## **2002 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 04, 2002 8:00 am Secretary of State DOCUMENT # M99000001304 1. Entity Name 04-04-2002 90008 015 \*\*\*\*50.00 AXA ADVISORS, LLC Principal Place of Business Mailing Address 1290 AVENUE OF THE AMERICAS 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104 NEW YORK NY 10104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 13-4071393 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ٠,١٠٠ Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR 4 TITLE · 🔀 Delete TITLE MGR ☐ Change X Addition BISHOP, DERRY E NAME NAME LEFFERTS, JOHN STREET ADDRESS STREET ADDRESS 1290 AVENUE OF THE AMERICAS 1290 AVENUE OF THE AMERICAS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10104** NEW YORK, NY 10104 MGR TITLE TITLE / MGR X Addition ☐ Delete Change NAME BLITZ, HARVEY E NAME WUTT, MARK R. STREET ADDRESS 1290 AVENUE OF THE AMERICAS STREET ADDRESS 1290 AVENUE OF THE AMERICAS CITY-ST-7IP CITY-ST-7IP **NEW YORK NY 10104** NEW YORK, NY 10104 MGR TITLE ☐ Delete TITLE MGR ☐ Change X Addition NAME SILVER, RICHARD V NAME CONINE, DAVID STREET ADDRESS 1290 AVENUE OF THE AMERICAS STREET ADDRESS 1345 AVENUE OF THE AMERICAS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10104** NEW YORK, NY 10104 MGR TITLE ☐ Delete ☐ Change Addition TITLE MARTIN, MICHAEL S NAME STREET ADDRESS 1290 AVENUE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10104** TITI F MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME MCGUNAGLE, G. PATRICK NAME STREET ADDRESS 1290 AVENUE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10104** CITY-ST-ZIP TITLE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

X Delete

MANAGER EQMARKED WUTT, MANAGER

DAVIES, RICHARD A

**NEW YORK NY** 

1345 AVENUE OF THE AMERICAS

NAME

STREET ADDRESS

CITY-ST-ZIP

03/22/02 Date

(212) 314-5501

☐ Change

Addition