2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State
02-08-2005 90077 021 ****50.00

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1. Entity Name
AXA ADVISORS, LLC

20008380

01062005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104	1290 AVENUE OF THE AMERICAS ATTN: B FISCHER - 12TH FLR 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 13-4071393 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JONES, ROBERT S 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DZIADZIO, RICHARD 1290 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BLITZ, HARVEY E 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DANE, NED 1290 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SILVER, RICHARD V 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COOLEY, JILL 1290 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HAMPTON, JERALD E 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WRIGHT, ROBERT 1290 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WUTT, MARK R 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: J Hampton JERALD E. HAMPTON 01/26/05 (212) 314-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #