2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State
07-28-2003 90064 017 ****50.00

00223385

DOCUMENT # M99000001304

1. Entity Name

AXA ADVISORS, LLC

Principal Place of Business	Mailing Address
1290 AVENUE OF THE AMERICAS NEW YORK NY 10104	1290 AVENUE OF THE AMERICAS NEW YORK NY 10104

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1290 AVENUE OF THE AMERICAS Suite, Apt. #, etc. ATTN: B. FISCHER - 12TH FLOOR
City & State	City & State NEW YORK, NEW YORK
Zip / Country	Zip 10104 / Country USA

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	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LEFFERTS, JOHN 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HAMPTON, JERALD E. 1290 AVENUE OF THE AMERICAS NEW YORK, NY 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 CONINE, DAVID 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	☐ 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 WIRTSHAFTER, TOM 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARTIN, MICHAEL S 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	MGR MCGUNAGLE, G. PATRICK 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	MGR WUTT, MARK R 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (4/03)

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: MARK R. WUTT 07/24/03 (212) 314-3846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #