

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

102

PROFIT CORPORATION, ANNUAL REPORT 1996



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

DOCUMENT # **P23603** (4)
1. Corporation Name
EAGLE STRATEGIES CORP.



Principal Place of Business
**51 MADISON AVENUE
NEW YORK NY 10010-1603**

Mailing Address
**51 MADISON AVENUE
ROOM 108
NEW YORK NY 10010
US**

3. Date Incorporated or Qualified **03/28/1989** 3a. Date of Last Report **01/26/1995**

2. Principal Place of Business
21 **260 Cherry Hill Rd.**
Suite, Apt. #, etc.
22
City & State
23 **Parsippany, NJ**
Zip Country
24 **07054** 25 **USA**

2a. Mailing Address
26 **51 Madison Avenue**
Suite, Apt. #, etc.
27 **Room 2210**
City & State
28 **New York, NY**
Zip Country
29 **10010** 30 **USA**

4. FEI Number **13-3475906** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.1508, 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 _____ (Signature, typed or printed name of registered agent or director is acceptable) (NOTE: Registered Agent signature required when recording) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TOPP, RICHARD A	
STREET ADDRESS	51 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HUDACEK, DANIEL A	
STREET ADDRESS	51 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'BYRNE, JOHN H	
STREET ADDRESS	51 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CALHOUN, JAY S	
STREET ADDRESS	51 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KEARNEY, SHELIA J	
STREET ADDRESS	51 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POLIS, ANTHONY W	
STREET ADDRESS	51 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

100001788321
-04/22/96--01027--005
*****200.00**

48

4-25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: John H. O'Byrne John H. O'Byrne 4-16-96 (212) 576-6556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Secretary of State

CR2E034 (12/95)

New York Life Insurance Company - Subsidiary Directory

Eagle Strategies Corp. (formerly NYLIFE Advisers, Inc.; name changed 01/03/1994)

260 Cherry Hill Road, Parsippany, NJ 07054

Tele: (202) 331-2029

Fax: (201) 331-2314

Incorporated State: Arizona
Incorporated Date: 07/07/1988
Business Division: Subsidiary
Parent Entity: NYLIFE Inc. (100%)
Federal ID #: 13-3475906
Business Contact(s): Richard Topp, President, Parsippany office, ext. 842028
General Attorney: Sheila Kearney, ext. 5353
Corporate Attorney: Nancy Brenner, ext. 5737

<i>Directors</i>	<i>Title</i>
Jefferson C. Boyce	Director
Alice T. Kane	Director
Gary R. McPhail	Director
Richard A. Topp	Director

<i>Officers</i>	<i>Title</i>
Richard A. Topp	President and Chief Executive Officer
Thomas J. Warga	Senior Vice President and General Auditor
Jay S. Calhoun	Vice President and Treasurer
Daniel A. Hudacek	Vice President
John H. O'Byrne	Vice President and Chief Compliance Officer
Anthony Polis	Vice President and Chief Financial Officer
Louis H. Adasse	Corporate Vice President
Robert P. Coslian	Corporate Vice President
George R. Daoust	Corporate Vice President
Richard W. Zuccaro	Tax Vice President
Nancy Brenner	Secretary
Sheila J. Kearney	Assistant Secretary

Brief Description:

A corporation, and subsidiary of NYLIFE Inc., is currently registered with the SEC as an investment adviser under the name Eagle Strategies Corp. and as a broker-dealer. It was incorporated in Arizona on July 7, 1988. It is registered as an investment adviser in 32 states. It is registered as a broker-dealer with the SEC and NASD and the States of CA, DC, FL, LA, MA, MD, NC, NJ, NY, OR, PA, SC, VA and WA.