

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90046 022 ***150.00

0442740

DOCUMENT # 800416

1. Entity Name

THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNIT

Principal Place of Business

1290 AVENUE OF THE AMERICAS
 ATTN: D. HATTEM
 NEW YORK NY 10104
 US

Mailing Address

1290 AVENUE OF THE AMERICAS
 ATTN: D. HATTEM
 NEW YORK NY 10104
 US

00027229



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **13-5570651**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, PETER
2255 GLADES ROAD
SUITE 412-E
BOCA RATON FL 33431

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete
 NAME **MILLER, EDWARD D**
 STREET ADDRESS **1290 AVE OF THE AMERICAS**
 CITY-ST-ZIP **NEW YORK NY 10104**

TITLE **VS** ☐ Delete
 NAME **SHERMAN, PAULINE**
 STREET ADDRESS **1290 AVENUE OF THE AMERICAS**
 CITY-ST-ZIP **NEW YORK NY 10104**

TITLE **PCEO** ☐ Delete
 NAME **HEGARTY, MICHAEL**
 STREET ADDRESS **1290 AVENUE OF THE AMERICAS**
 CITY-ST-ZIP **NEW YORK NY 10104**

TITLE **COB** ☐ Delete
 NAME **TULIN, STANLEY B**
 STREET ADDRESS **1290 AVENUE OF THE AMERICAS**
 CITY-ST-ZIP **NEW YORK NY 10104**

TITLE **D** ☒ Delete
 NAME **ESREY, WILLIAM T.**
 STREET ADDRESS **1290 AVENUE OF THE AMERICAS**
 CITY-ST-ZIP **NEW YORK NY 10104**

TITLE **D** ☐ Delete
 NAME **COLLOC'H, FRANCOISE**
 STREET ADDRESS **1290 AVENUE OF THE AMERICAS**
 CITY-ST-ZIP **NEW YORK NY 10104**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **COB/CEO** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SVP/Secretary** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P/COO** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCOB** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christopher Wolff* **Christopher Wolff, Director**

3/7/01

212-314-5636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)