

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90002 034 ***550.00

DOCUMENT # 800416

1. Entity Name
**THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE
UNITED STATES**



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**

54068558



08122004 Chg-P CR2E034 (10/03)

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
13-5570651

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLGATE, DONALD
4130 S DADELAND BLVD STE 400
1400
MIAMI, FL 33156**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOB
CHRISTOPHER, CONDRON
1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
MARY BETH FARRELL
1290 AVENUE OF THE AMERICAS
NEW YORK, NEW YORK 10104** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
MICHAEL McLAUGHLIN
1290 AVENUE OF THE AMERICAS
NEW YORK, NEW YORK 10104** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPT
KEVIN-R. BYRNE
1290 AVENUE OF THE AMERICAS
NEW YORK, NEW YORK 10104** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCANN, ROBERT J
1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRUCE W. CALVERT
1290 AVENUE OF THE AMERICAS
NEW YORK, NEW YORK 10104** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DE CASTRIES, HENRI
1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DENIS DUVERNE
1290 AVENUE OF THE AMERICAS
NEW YORK, NEW YORK 10104** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pauline Sherman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 13, 2004 212-314-5658

Date

Daytime Phone #