

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001383 (9)
 1. Corporation Name
SANFORD C. BERNSTEIN & CO., INC.



Principal Place of Business 767 FIFTH AVENUE NEW YORK NY 10153	Mailing Address 767 FIFTH AVENUE NEW YORK NY 10153-0001
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 03/17/1993	3a. Date of Last Report 02/27/1996
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4. FEI Number 13-2625874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES ST.
 STE. 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	CCEX	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, ZALMAN C	
STREET ADDRESS	767 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	CDT	<input type="checkbox"/> DELETE
NAME	SANDERS, LEWIS A	
STREET ADDRESS	767 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERTOG, ROGER	
STREET ADDRESS	767 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, STUART K	
STREET ADDRESS	767 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRINE, KEVIN R	
STREET ADDRESS	767 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ADELSON, ANDREW S	
STREET ADDRESS	767 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10153	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jean Margo Reid	
1.3 STREET ADDRESS	767 Fifth Avenue	
1.4 CITY-ST-ZIP	New York, NY 10153	
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		

14. I do 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 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: _____ DATE: **4/24/97** (212) 486-5800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)