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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

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



3. Date Incorporated or Qualified

03/17/1993

3a. Date of Last Report

02/27/1996

4. FEI Number

13-2625874

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEXC	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

(212) 486-5800

Date Daytime Phone #

CR2E034 (9/96)