

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000757

FILED
Mar 17, 2011
Secretary of State

Entity Name: AXA DISTRIBUTORS, LLC

Current Principal Place of Business:

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

New Principal Place of Business:

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104 US

Current Mailing Address:

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

New Mailing Address:

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104 US

FEI Number: 52-2233674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MESERVE, PHILLIP MGR
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104 US

Title: MGR
Name: MCMAHON, ANDREW MGR
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104 US

Title: MGR
Name: SHEPHERDSON, JAMES A MGR
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104 US

Title: MGR
Name: MCCARTHY, MICHAEL P MGR
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAURA LOUIS

POA

03/17/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date