

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001304

Entity Name: AXA ADVISORS, LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

New Principal Place of Business:

Current Mailing Address:

1290 AVENUE OF THE AMERICAS
ATTN: S. STERLING 12TH FLR
NEW YORK, NY 10104

New Mailing Address:

FEI Number: 13-4071393 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 () Delete
Name: JONES, ROBERT S
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104

Title: MGR () Delete
Name: BLITZ, HARVEY E
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104

Title: MGR () Delete
Name: DZIADIO, RICHARD
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104

Title: MGR (X) Delete
Name: GOODSTEIN, BARBARA
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104

Title: MGR (X) Delete
Name: NIGRO, CHRISTINE
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104

Title: MGR (X) Delete
Name: LANE, NICK
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BLITZ, HARVEY E
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104

Title: MGR (X) Change () Addition
Name: MCMAHON, ANDREW
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104

Title: MGR (X) Change () Addition
Name: SHEPHERDSON, JAMES A
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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

03/19/2009

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