

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03070 (0)

1. Corporation Name

THE EQUITABLE OF COLORADO, INC.



Principal Place of Business

Mailing Address

370 17TH STREET #4950
DENVER CO 80202

135 W. 50TH ST.
AMA/3
NEW YORK NY 10020
US

3. Date Incorporated or Qualified

08/16/1984

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-3198083

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDMAN, ROBERT M.
LAKE WYMAN PLAZA
2424 N FEDERAL HWY #200
BOCA RATON FL 33431

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

V
NAME FENICHEL, ALVIN H.
STREET ADDRESS 787 7TH AVE., APT. 44-K
CITY- ST- ZIP NEW YORK NY

TITLE ☐ DELETE

V
NAME LIDDLE JR., JAMES T.
STREET ADDRESS 787 7TH AVE 44K
CITY- ST- ZIP NEW YORK NY

TITLE ☐ DELETE

S
NAME GALASSO, LINDA JO
STREET ADDRESS 787 7TH AVE., APT. 36-E
CITY- ST- ZIP NEW YORK NY

TITLE ☐ DELETE

T
NAME BYRNE, KEVIN R.
STREET ADDRESS 787 7 AVE 41K
CITY- ST- ZIP NEW YORK NY

TITLE ☐ DELETE

PD
NAME SHLESINGER, BARRY S.
STREET ADDRESS 787 7 AVE 44E
CITY- ST- ZIP NEW YORK NY

TITLE ☒ DELETE

D
NAME JONES, ROBERT S.
STREET ADDRESS 787 7TH AVE 44
CITY- ST- ZIP NEW YORK NY

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)