FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 03 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 # **P03070** **(0)**

1. Corporation Name
THE EQUITABLE OF COLORADO, INC.

Principal Place of Business
370 17TH STREET #4950
DENVER CO 80202

Mailing Address
135 W. 50TH ST.
AMA/3
NEW YORK NY 10020-1201
US

3. Date Incorporated or Qualified: 08/16/1984
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1290 AVE OF THE AMERICAS
Suite, Apt #, etc.
27 12A J G WILLIAMS
City & State
28 NY, NY
Zip 29 10104 Country 30 USA

4. FEI Number: 13-3198083 ☐ 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

9. Name and Address of Current Registered Agent

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

Same Agent
New Address

10. Name and Address of New Registered Agent

81 Name: FRIEDMAN, ROBERT M.
82 Street Address (P.O. Box Number is Not Acceptable): 2255 Glades Road, Suite 412E
83
84 City: Boca Raton FL 85 Zip Code: 33431

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FENICHEL, ALVIN H. 787 7TH AVE., APT. 44-K NEW YORK NY	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Vice Pacsident + Controller Allen Joel Zabusky 135 West 50mst NY, NY 10020	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LIDDLE JR., JAMES T. 787 7TH AVE 44K NEW YORK NY	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GALASSO, LINDA JO 787 7TH AVE., APT. 36-E NEW YORK NY	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	1290 6th Ave 12th floor NY, NY 10104	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BYRNE, KEVIN R. 787 7 AVE 41K NEW YORK NY	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	1290 6th Ave 12th floor NY, NY 10104	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHLESINGER, BARRY S. 787 7 AVE 44E NEW YORK NY	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	1290 6th Ave 16th floor NY, NY 10104	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DINSMORE, GORDON 787 7TH AVENUE, #47K NEW YORK NY	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	1290 6th Ave 14th floor NY, NY 10104	☑ Change ☐ Addition

CR2E034 (9/96)

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: Linda Galasso 2/19/97 212 314-3853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #