

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03070

1. Corporation Name
THE EQUITABLE OF COLORADO, INC.

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

Mailing Address
**1290 AVE OF THE AMERICAS
12A J G WILLIAMS
NEW YORK NY 10104
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FRIEDMAN, ROBERT M.
2255 GLADESD RD
STE 412E
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 is printed after registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPC	<input type="checkbox"/> DELETE
NAME	ZABUSKY, ALLEN JOEL	
STREET ADDRESS	135 W 50TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GALASSO, LINDA JO	
STREET ADDRESS	1290 6TH AVE 12TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BYRNE, KEVIN R.	
STREET ADDRESS	1290 6TH AVE 12TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHLESINGER, BARRY S.	
STREET ADDRESS	1290 6TH AVE 14TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, M	
STREET ADDRESS	1290 6TH AVE, 16TH FL	
CITY-ST-ZIP	NY NY 10104	
TITLE	I	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****150.00 ****150.00

1 Change ☐ Addition ☐

1 Change ☐ Addition ☐

1 Change ☐ Addition ☒

1 Change ☐ Addition ☒

D MICHEL BEAULIEU
1290 6TH AVENUE -14TH FLOOR
NY, NY 10104

D HARVEY BLITZ
1290 6th Avenue -12th Fl
NY, NY 10104

2/23/99 212 314-3852

SIGNATURE:

Linda Galasso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

212 314-3852