

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P03070**

1. Entity Name

THE EQUITABLE OF COLORADO, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90022 038 ***150.00

Principal Place of Business

**370 17TH STREET #4950
DENVER CO 80202**

Mailing Address

**1290 AVE OF TH AMERICAS
12A J G WILLIAMS
NEW YORK NY 10104
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3198083

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEDMAN, ROBERT M
2255 GLADESD RD
STE 412E
BOCA RATON FL 33431**

Name

Peter H. Smith

Street Address (P.O. Box Number is Not Acceptable)

2255 GLADES ROAD, Suite 412-E

City

Boca Raton

FL

Zip Code

33431

8. 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

PETER H. SMITH

4-13-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC Alvin Henry Fenichel 1290 6th Avenue, 11th Floor New York, NY 10104	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pauline Sherman 1290 6th Avenue, 12th Floor New York, NY 10104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael Hegarty 1290 6th Avenue, 16th Floor New York, NY 10104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stanley Bernard Tulin 1290 6th Avenue 16th Floor New York, N.Y. 10104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edward Daniel Miller 1290 6th Avenue, 16th Floor New York, N.Y. 10104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP+ Associate General Counsel, 4/17/00 314-3936

Date

Daytime Phone #

CR2E034 (9/99)