

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90307 047 ***150.00

DOCUMENT # P03070

1. Entity Name
THE EQUITABLE OF COLORADO, INC.

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

Zip

Country

Zip

Country

4. FEI Number

13-3198083

Applied For

Not Applicable

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

**WOLGAST, DONALD
9130 SOUTH DADELAND BLVD
SUITE 1400
MIAMI FL 33156**

Name

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

City

FL

Zip Code

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

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, 2002 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 **SVPC** ☐ Delete
NAME **FENICHEL, ALVIN H**
STREET ADDRESS **1290 -6TH AVE -11TH FLR**
CITY-ST-ZIP **NEW YORK NY 10104**

TITLE **D** ☐ Change ☒ Addition
NAME **LEFFEETS, John M.**
STREET ADDRESS **1290 6th Ave -16th FLR**
CITY-ST-ZIP **new York, NY 10104**

TITLE **S** ☐ Delete
NAME **SHERMAN, PAULINE**
STREET ADDRESS **1290 -6TH AVE -11TH FLR**
CITY-ST-ZIP **NEW YORK NY 10104**

TITLE **PD** ☐ Change ☒ Addition
NAME **Condeon, Christopher M.**
STREET ADDRESS **1290 -6th Ave -16th FLR.**
CITY-ST-ZIP **new York, NY 10104**

TITLE **T** ☐ Delete
NAME **BYRNE, KEVIN R**
STREET ADDRESS **1290 6TH AVE 12TH FL**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **HEGARTY, MICHAEL**
STREET ADDRESS **1290 -6TH AVE -11TH FLR**
CITY-ST-ZIP **NEW YORK NY 10104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TULIN, STANLEY B 1/6**
STREET ADDRESS **1290 -6TH AVE -11TH FLR**
CITY-ST-ZIP **NEW YORK NY 10104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MILLER, EDWARD D**
STREET ADDRESS **1290 -6TH AVE -11TH FLR**
CITY-ST-ZIP **NEW YORK NY 10104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

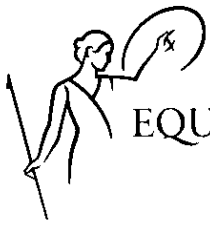
1/22/02

Date

212 314-3852

Daytime Phone #

CR2E034 (9/01)



EQUITABLE

Attachment
818004

#P03070

Law Department

January 31, 2002

[VIA AIRBORNE]

Ms. Katherine Harris
Florida Department of State
Divisions of Corporations
Uniform Business Report Filings
409 East Gaines Street
Tallahassee, FL 32399

**Re: 2002 Uniform Business Report
The Equitable Life Assurance Society of the United States
& Equitable of Colorado**

Dear Ms. Harris:

As instructed, enclosed are the completed and executed Annual Reports for The Equitable Life Assurance Society of the United States & The Equitable of Colorado, Inc. Also enclosed are two \$150.00 checks made payable to your office to cover the filing fees.

On January 24th, our accounting department mailed you two checks in the amount of \$150.00. These were inadvertently sent to your office without the proper forms, kindly return these checks since they are now voided. They were check numbers 01640780 and 01640781.

Should you have any questions or comments, please call me at (212) 314-3875.

Sincerely,

Althea E. Bailey

Enclosures.
Uniform Business Report &
Check # 01642083 and 01642082