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FILED

Jan 28 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 # P07194

(4)

1. Corporation Name
USLIFE EQUITY SALES CORP.

Principal Place of Business
125 MAIDEN LANE
NEW YORK NY 10038

Mailing Address
125 MAIDEN LANE
NEW YORK NY 10038-4912

3. Date Incorporated or Qualified
08/23/1985

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number
13-2608825

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CROSBY, GORDON E. JR.	
STREET ADDRESS	125 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	LAVROVSKY, STEPHEN	
STREET ADDRESS	125 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MANZO, MARK T	
STREET ADDRESS	125 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	MILLER, LINDA	
STREET ADDRESS	125 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SAPERSTEIN, STEVEN H	
STREET ADDRESS	125 MAIDEN LN	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice President-Compliance Officer
2.3 STREET ADDRESS	Randolph Hill
2.4 CITY-ST-ZIP	125 Maiden Lane New York, NY 10038
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Senior Vice Pres., Sec'y, Treas.
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ass't. Vice Pres./Compliance
6.3 STREET ADDRESS	David Pine
6.4 CITY-ST-ZIP	125 Maiden Lane New York, NY 10038

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:

David Pine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 14, 1997

Date

Daytime Phone #

0006363

CR2E034 (9/96)