

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90061 027 ***150.00

DOCUMENT # P20208 1. Entity Name AXA ART INSURANCE CORPORATION					
Principal Place of Business 4 WEST 58TH ST 8TH FLOOR NEW YORK, NY 10019-2515 US			Mailing Address 4 WEST 58TH ST 8TH FLOOR NEW YORK, NY 10019-2515 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04062004 Chg-P CR2E034 (10/03)	
4. FEI Number 13-3368745				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		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VON FRANK, DR. DIETRICH 30 E 76TH STREET NEW YORK, NY	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KERR, GARY 232 FENDALE STREET FRANKLIN SQUARE, NY 11010	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIEFENHAUSER, ERNEST A 6 KINGS LANE MONTROSE, NY	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO FISCHER, CHRISTIANE 04-74 48TH AVENUE, APT 21A/B LONG ISLAND CITY, NY 11109	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REYNOLDS, NICHOLAS A.F. 168 WEST MENOMONEE CHICAGO, IL 60614	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MADRIGAL, BARBARA 1505 ST LAWRENCE AVENUE BRONX, NY	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOUIS, Payce K. 620 Santa Monica Boulevard, Apt. 407 Santa Monica, CA 90401	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Fischer, Christiane 04 74 48th Avenue, Apt. 21A/B Long Island City, NY 11109	☒ Change ☐ Addition			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>James A. HCN</u> <u>4/7/04</u> <u>(212) 415-8402</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					