2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P20208

1. Entity Name
AXA ART INSURANCE CORPORATION

Principal Place of Business	Mailing Address
4 WEST 58TH ST 8TH FLOOR NEW YORK, NY 10019-2515 US	4 WEST 58TH ST 8TH FLOOR NEW YORK, NY 10019-2515 US

07192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VON FRANK, DR. DIETRICH
STREET ADDRESS	30 E 76TH STREET
CITY-ST-ZIP	NEW YORK, NY
TITLE	S
NAME	KERR, GARY
STREET ADDRESS	232 FENDALE STREET
CITY-ST-ZIP	FRANKLIN SQUARE, NY 11010
TITLE	T
NAME	RIEFENHAUSER, ERNEST A
STREET ADDRESS	6 KINGS LANE
CITY-ST-ZIP	MONTROSE, NY
TITLE	COO
NAME	FISCHER, CHRISTIANE
STREET ADDRESS	04-74 48TH AVENUE, APT 21A/B
CITY-ST-ZIP	LONG ISLAND CITY, NY 11109
TITLE	VP
NAME	LOUIS, PRYCE K
STREET ADDRESS	628 SANTA MONICA BOULEVARD, APT. 407
CITY-ST-ZIP	SANTA MONICA, CA 90401
TITLE	V
NAME	MADRIGAL, BARBARA
STREET ADDRESS	1505 ST LAWRENCE AVENUE
CITY-ST-ZIP	BRONX, NY

U00000374232
07/25/05-80001-004 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #