2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# P20208

Entity Name: AXA ART INSURANCE CORPORATION

Current Principal Place of Business:

3 WEST 35TH STREET, 11TH FLOOR
NEW YORK, NY 10001 US

New Principal Place of Business:

Current Mailing Address:

3 WEST 35TH STREET, 11TH FLOOR
NEW YORK, NY 10001 US

New Mailing Address:

FEI Number: 13-3368745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FISCHER, CHRISTIANE
Address: 04-74 48TH AVE. APT. 21 AB
City-St-Zip: LONG ISLAND CITY, NY 11109

Title: S ( ) Delete
Name: KERR, GARY
Address: 232 FENDALE STREET
City-St-Zip: FRANKLIN SQUARE, NY 11010

Title: T ( ) Delete
Name: RIEFENHAUSER, ERNEST A
Address: 6 KINGS LANE
City-St-Zip: MONTROSE, NY

Title: CEO ( ) Delete
Name: FISCHER, CHRISTIANE
Address: 04-74 48TH AVENUE, APT 21A/B
City-St-Zip: LONG ISLAND CITY, NY 11109

Title: VP ( ) Delete
Name: LOUIS, PRYCE K
Address: 628 SANTA MONICA BOULEVARD, APT. 407
City-St-Zip: SANTA MONICA, CA 90401

Title: V (X) Delete
Name: MADRIGAL, BARBARA
Address: 1505 ST LAWRENCE AVENUE
City-St-Zip: BRONX, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: RIEFENHAUSER, ERNEST A
Address: 7 GRACE LANE
City-St-Zip: CORTLANDT MANOR, NY 10567

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MADRIGAL, BARBARA
Address: 1505 ST LAWRENCE AVENUE
City-St-Zip: BRONX, NY

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A. KERR SEC, 03/17/2009

Electronic Signature of Signing Officer or Director — Date