

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90133 022 \*\*\*150.00

**DOCUMENT # P34145**

1. Entity Name  
**AXA CORPORATE SOLUTIONS INSURANCE COMPANY**



Principal Place of Business  
**ONE SEAPORT PLAZA  
199 WATER STREET- 8TH FLOOR  
NEW YORK NY 10038**

Mailing Address  
**ONE SEAPORT PLAZA  
199 WATER STREET- 8TH FLOOR  
NEW YORK NY 10038**

2. Principal Place of Business  
**17 State Street**

3. Mailing Address  
**17 State Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**New York, NY**

City & State

**New York, NY**

Zip

**10004**

Country

Zip

**10004**

Country

4. FEI Number **13-3594502**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER  
THE CAPITAL BUILDING  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

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**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **BUDD, GEORGE A**  
STREET ADDRESS **199 WATER STREET**  
CITY-ST-ZIP **NEW YORK NY 10038**

TITLE **VD** ☒ Delete  
NAME **MILLET, THURSTON J.**  
STREET ADDRESS **199 WATER STREET**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **V** ☒ Delete  
NAME **SALOMONE, ROBERT**  
STREET ADDRESS **199 WATER STREET**  
CITY-ST-ZIP **NEW YORK NY 10038**

TITLE **VT** ☐ Delete  
NAME **NOLET, STEPHEN G**  
STREET ADDRESS **199 WATER STREET**  
CITY-ST-ZIP **NEW YORK NY 10038**

TITLE **VS** ☐ Delete  
NAME **WILCHER, SUSAN B**  
STREET ADDRESS **199 WATER STREET**  
CITY-ST-ZIP **NEW YORK NY 10038**

TITLE **V** ☐ Delete  
NAME **GALAV, SHASHI**  
STREET ADDRESS **199 WATER ST**  
CITY-ST-ZIP **NEW YORK NY 10038**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/C/D** ☐ Change ☒ Addition  
NAME **Francois Chavel**  
STREET ADDRESS **17 State Street**  
CITY-ST-ZIP **New York, NY 10004**

TITLE **V/D** ☐ Change ☒ Addition  
NAME **Pucci, Thomas C.**  
STREET ADDRESS **17 State Street**  
CITY-ST-ZIP **New York, NY 10004**

TITLE **V** ☐ Change ☒ Addition  
NAME **Judovin, Steven**  
STREET ADDRESS **17 State Street**  
CITY-ST-ZIP **New York, NY 10004**

TITLE **VT** ☒ Change ☐ Addition  
NAME **Nolet, Stephen G.**  
STREET ADDRESS **17 State Street**  
CITY-ST-ZIP **New York, NY 10004**

TITLE **VSD** ☒ Change ☐ Addition  
NAME **Wilcher, Susan B.**  
STREET ADDRESS **17 State Street**  
CITY-ST-ZIP **New York, NY 10004**

TITLE **V** ☒ Change ☐ Addition  
NAME **Galav, Shashi**  
STREET ADDRESS **17 State Street**  
CITY-ST-ZIP **New York, NY 10004**

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 REQUIRED**  
**Susan B. Wilcher**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(212) 658-8772**

CR2E034 (10/02)