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State of New York
Division of Criminal Justice Services



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To: JEFFREY EPSTEIN

6100 RED HOOK QUARTERS, SUITE B3
ST THOMAS VI 00802

April 9, 2012
Offender ID: 33216

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services
RE: Annual Address Verification

Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s), all screen names, all e-mail addresses and all other information listed on the form. If you are a level 2 or 3 sex offender, you must report the name and address of all employers.

INSTRUCTIONS:

- Review each line of information on this form carefully.
- If you find any information that is incorrect or outdated, cross out incorrect or outdated information with a single line.
- Enter any corrections or any new/additional information in the blank boxes provided.

THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.

Please contact the Sex Offender Registry at 518-457-3167 with any questions about this form.

OFFENDER INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SSN
EPSTEIN	JEFFREY	EDWARD	090443348
			Make corrections ←- here

OTHER NAMES

EPSTEIN,JEFFREY EDWARD

Enter any aliases, nick names or other names used in the following section.



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PHYSICAL ATTRIBUTES

BIRTHDATE	HEIGHT	WEIGHT	HAIR	EYES	GLASSES
01 /20 /1953	600	180	Gray	Blue	Make corrections <--- here

SCARS/MARKS/TATTOOS

Enter any other scars/marks/tattoos.

PRIMARY ADDRESS

Primary address is the address where you live most of the time.

1		NUMBER/STREET/APT 6100 RED HOOK QUARTERS,SUITE 93		CITY ST THOMAS	Make corrections <--- here
STATE VI	ZIP 00802	COUNTY		COUNTRY US	Make corrections <--- here
Phone # at this address: (561) 655- 7621		Enter phone # correction here ---->			
Name of College / University:					



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SECONDARY ADDRESS

Secondary Address is the address where you live some of the time.

1	NUMBER/STREET/APT 9 E 71ST ST		CITY NEW YORK	Make corrections ←--- here
	STATE NY	ZIP 100214102	COUNTY New York	COUNTRY US
Phone # at this address:		Enter phone # correction here -->		
Name of College / University:				
2	NUMBER/STREET/APT		CITY	Make corrections ←--- here
	STATE	ZIP	COUNTY FN	COUNTRY FN
Phone # at this address:		Enter phone # correction here -->		
Name of College / University:				
3	NUMBER/STREET/APT 49 ZORRO RANCH RD		CITY STANLEY	Make corrections ←--- here
	STATE NM	ZIP 87056	COUNTY	COUNTRY US
Phone # at this address:		Enter phone # correction here -->		
Name of College / University:				
4	NUMBER/STREET/APT 358 EL BRILLO WAY		CITY PALM BEACH	Make corrections ←--- here
	STATE FL	ZIP 33480	COUNTY	COUNTRY US
Phone # at this address:		Enter phone # correction here -->		
Name of College / University:				

Enter any additional Secondary Address in the following section

1	NUMBER/STREET/APT		CITY
	STATE	ZIP	COUNTRY
Enter phone # here -->			
If the above address is on the campus of a College or University, enter its name			
2	NUMBER/STREET/APT		CITY
	STATE	ZIP	COUNTRY
Enter phone # here -->			
If the above address is on the campus of a College or University, enter its name			



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PO BOX ADDRESS

PO Box Address is allowed if mail cannot be delivered to the primary address. PO Box Address must be approved by the Post Master and Law Enforcement.

Enter any PO BOX Information in the following section

1		PO BOX		CITY	
STATE	ZIP	COUNTRY			

EMPLOYMENT INFORMATION

1		EMPLOYER'S NAME	FINANCIAL TRUST COMPANY INC	NUMBER/STREET/APT	FINANCIAL TRUST COMPANY INC, 6100 RED HOOK QUARTERS, SUITE B3	Make corrections ←--- here
CITY	STATE	ZIP	COUNTRY	COUNTRY		
ST THOMAS	VI	00802	US			Make corrections ←--- here
Name of College / University:						

Enter any additional employment information in the following section

1		EMPLOYER'S NAME		NUMBER/STREET/APT
CITY	STATE	ZIP	COUNTRY	COUNTRY
If the above address is on the campus of a College or University enter its name				
2		EMPLOYER'S NAME		NUMBER/STREET/APT
CITY	STATE	ZIP	COUNTRY	COUNTRY
If the above address is on the campus of a College or University, enter its name				

HIGHER EDUCATION INFORMATION

Higher education includes any 2 or 4 year colleges or any trade or vocational schools.

Enter any additional education information in the following section

1		SCHOOL NAME		NUMBER/STREET/APT
CITY	STATE	ZIP	COUNTRY	COUNTRY
Dates of Attendance, Employment or Enrollment		To Date		Check one
From Date				<input type="checkbox"/> Enrolled
				<input type="checkbox"/> Employed
				<input type="checkbox"/> Attending
2		SCHOOL NAME		NUMBER/STREET/APT
CITY	STATE	ZIP	COUNTRY	COUNTRY
Dates of Attendance, Employment or Enrollment		To Date		Check one
From Date				<input type="checkbox"/> Enrolled
				<input type="checkbox"/> Employed
				<input type="checkbox"/> Attending



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Enter any additional vehicle information in the following section

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE

DRIVER'S LICENSE INFORMATION

DRIVER'S LICENSE NUMBER	ISSUING STATE
C000000029913	VI
	Make corrections ← here

Enter any additional driver's license information in the following section

DRIVER'S LICENSE NUMBER	ISSUING STATE

INTERNET INFORMATION

SERVICE PROVIDER

SERVICE PROVIDER	
AT&T	Make corrections ← here
FREE	Make corrections ← here
ORANGE TELECOM	Make corrections ← here
COMCAST	Make corrections ← here
SPRINT	Make corrections ← here
TIME WARNER	Make corrections ← here
FACEBOOK	Make corrections ← here



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SCREEN NAME	SCREEN NAME	
THEJEFFREYEPSTEINFOUNDATION		Make corrections ← here
JEFFREYEPSTEIN		Make corrections ← here

E-MAIL ADDRESS	E-MAIL ADDRESS	
JEEPROJECT@YAHOO.COM	Make corrections ← here	
JEEVACATION@ME.COM	Make corrections ← here	
JEEVACATION@GMAIL.COM	Make corrections ← here	
JEFFREYEPSTEINORG@GMAIL.COM	Make corrections ← here	
JEFFREYEPSTEINORG@YAHOO.COM	Make corrections ← here	
JEEPROJECT@YAHOO.COM	Make corrections ← here	
JEEVACATION1@ME.COM	Make corrections ← here	

Enter any additional internet information in the following section

SERVICE PROVIDER	SCREEN NAME	E-MAIL ADDRESS



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I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE. I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE INFORMATION IS A FELONY.

Sex Offender's Signature	Sex Offender's Name(print)	Date
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Return to: Division of Criminal Justice Services - SOR

