

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Madson,  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 578652 (0)**  
 1. Corporation Name  
**CORPORATE CENTER ASSOCIATES, INC.**



Principal Place of Business: **% CHASE ENTERPRISES ONE COMMERCIAL PLAZA HARTFORD CT 06103 US**  
 Mailing Address: **% CHASE ENTERPRISES ONE COMMERCIAL PLAZA ATTN. J. KORZENIK HARTFORD CT 06103 US**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
 2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date of Incorporation or Qualified: **07/05/1978** 3a. Date of Last Report: **04/03/1995**  
 4. FEIN Number: **06-1017337** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
 10. Name and Address of New Registered Agent

**9. Name and Address of Current Registered Agent**

**ST. LOUIS, ROLAND R JR  
 2300 MIAMI CENTER  
 201 S. BISCAYNE BLVD.  
 MIAMI FL 33131-4329**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0102 and 607.0103, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent, I am familiar with and accept the obligations of Sections 607.0102 and 607.0103, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE: <b>PD</b>	NAME: <b>CHASE, DAVID T.</b>	TITLE:	NAME:
STREET ADDRESS: <b>ONE COMMERCIAL PLAZA</b>	CITY-STATE-ZIP: <b>HARTFORD CT</b>	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE: <b>VTD</b>	NAME: <b>CHASE, ARNOLD L.</b>	TITLE:	NAME:
STREET ADDRESS: <b>ONE COMMERCIAL PLAZA</b>	CITY-STATE-ZIP: <b>HARTFORD CT</b>	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE: <b>VSD</b>	NAME: <b>FREEDMAN, CHERYL CHASE</b>	TITLE:	NAME:
STREET ADDRESS: <b>ONE COMMERCIAL PLAZA</b>	CITY-STATE-ZIP: <b>HARTFORD CT</b>	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	STREET ADDRESS:	CITY-STATE-ZIP:
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TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	STREET ADDRESS:	CITY-STATE-ZIP:

14. I do hereby certify that the information supplied with this form is true, correct and does not apply for the exemption set forth in Section 119.010(4)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 officer or director responsible to execute this report in compliance with Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in the appropriate column and without a cross.

**SIGNATURE:** *Cheryl Chase Freedman* **Cheryl Chase Freedman**  
 Exec. Vice President **3/20/96** **(860) 549-1674**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)