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Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 578652 (0)

1. Corporation Name  
CORPORATE CENTER ASSOCIATES, INC.



Principal Place of Business Mailing Address  
 % CHASE ENTERPRISES % CHASE ENTERPRISES  
 ONE COMMERCIAL PLAZA ATTN. J. KORZENIK ONE COMMERCIAL PLAZA ATTN. J. KORZENIK  
 HARTFORD CT 06103 HARTFORD CT 06103-3599  
 US US

3. Date Incorporated or Qualified 07/05/1978 ✓ 3a. Date of Last Report 04/01/1996  
 4. FEI 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

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

9. Name and Address of Current Registered Agent  
 ST. LOUIS, ROLAND R JR  
 2300 MIAMI CENTER  
 201 S. BISCAYNE BLVD.  
 MIAMI FL 33131-4329

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CHASE, DAVID T. ONE COMMERCIAL PLAZA HARTFORD CT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, DAVID T.	1.2 NAME	
STREET ADDRESS	ONE COMMERCIAL PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT	1.4 CITY - ST - ZIP	
TITLE	VTD CHASE, ARNOLD L. ONE COMMERCIAL PLAZA HARTFORD CT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, ARNOLD L.	2.2 NAME	
STREET ADDRESS	ONE COMMERCIAL PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT	2.4 CITY - ST - ZIP	
TITLE	VSD FREEDMAN, CHERYL CHASE ONE COMMERCIAL PLAZA HARTFORD CT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN, CHERYL CHASE	3.2 NAME	
STREET ADDRESS	ONE COMMERCIAL PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cheryl A. Chase* Cheryl A. Chase 3/25/97 (860) 549-1674  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)