FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 AM 10: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 812387 (9)

1. Corporation Name
HOOPER HOLMES, INC.

Principal Place of Business
170 MT AIRY RD
BASKING RIDGE NJ 07920-2022

Mailing Address
170 MT AIRY RD
BASKING RIDGE NJ 07920-2022

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 12/06/1957
3a. Date of Last Report: 04/20/1994
4. FEI Number: 22-1659359 ☐ 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

9. Name and Address of Current Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST, STE 105
TALLAHASSEE FL 32301

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 ______ DATE ______

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.		13.		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	NOLAN JR, JOHN E	1.2 NAME		
STREET ADDRESS	1330 CONNECTICUT AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, ANNE K	2.2 NAME		
STREET ADDRESS	RR2 BOX 349	2.3 STREET ADDRESS		
CITY-ST-ZIP	PETERBOROUGH NH	2.4 CITY-ST-ZIP		
TITLE	COB	3.1 TITLE		☐ Change ☐ Addition
NAME	KING, FREDERICK D.	3.2 NAME		
STREET ADDRESS	30 WALNUT STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT RI	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☒ Change ☐ Addition
NAME	LASH, FRED	4.2 NAME		
STREET ADDRESS	14 MIRANDA CT	4.3 STREET ADDRESS	14 MIRADOR CT	
CITY-ST-ZIP	DENVILLE NJ	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	MCNAMEE, JAMES M.	5.2 NAME		
STREET ADDRESS	34 BUCKLEY HILL ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	MORRIS TOWNSHIP NJ	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	STINER, FRANK	6.2 NAME		
STREET ADDRESS	411 WOODLAND RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON NJ	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Fred Lash Fred Lash, Senior V.P. CFO & Treasurer 4/21/95 (908) 766-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0305344 FP