

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 812387 (9)
1. Corporation Name
HOOPER HOLMES, INC.



Principal Place of Business 170 MT AIRY RD BASKING RIDGE NJ 07820-2022	Mailing Address 170 MT AIRY RD BASKING RIDGE NJ 07820-2022
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1957		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 22-1659359		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		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			
				85 Zip Code FL			

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	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 ☒ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	SULLIVAN, ANNE K	2.2 NAME	D G. EARLE WIGHT
STREET ADDRESS	RR2 BOX 349	2.3 STREET ADDRESS	59 ORIOLE ROAD
CITY-ST-ZIP	PETERBOROUGH NH	2.4 CITY-ST-ZIP	TORONTO, ONTARIO, CANADA
TITLE	COB ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	KING, FREDERICK D.	3.2 NAME	S ROBERT JEWETT
STREET ADDRESS	30 WALNUT STREET	3.3 STREET ADDRESS	71 WEXFORD WAY
CITY-ST-ZIP	NEWPORT RI	3.4 CITY-ST-ZIP	BASKING RIDGE, NJ 07820
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LASH, FRED	4.2 NAME	
STREET ADDRESS	14 MIRADOR COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DENVILLE NJ	4.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	MCNAMEE, JAMES M.	5.2 NAME	COB PD
STREET ADDRESS	34 BUCKLEY HILL ROAD	5.3 STREET ADDRESS	ONE MARY KNOLL DRIVE
CITY-ST-ZIP	MORRIS TOWNSHIP NJ	5.4 CITY-ST-ZIP	NEW VERNON, NJ 07976
TITLE	V ☐ DELETE	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 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:  Fred Lash, Senior V.P.
CFO & Treasurer (908) 766-5000

CP2E034 (9/96)