

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **833451 (8)**  
1. Corporation Name  
**CONSTITUTION STATE SERVICE COMPANY**



Principal Place of Business: **ONE TOWER SQUARE C/O CORPORATE TAX 5PB HARTFORD CT 06183-8190**  
Mailing Address: **ONE TOWER SQUARE C/O CORPORATE TAX 5PB HARTFORD CT 06183-8190**

3. Date Incorporated or Qualified: **12/09/1974** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **81-0293720** 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: 21. Suite, Apt. #, etc. 22. City & State. 23. Zip. 24. Country. 25. Mailing Address: 26. Suite, Apt. #, etc. 27. City & State. 28. Zip. 29. Country. 30.

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUCKER, THOMAS</b>	1.2 NAME	
STREET ADDRESS	<b>61 WEST AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ESSEX CT</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORAN, TERRENCE J.</b>	2.2 NAME	
STREET ADDRESS	<b>ONE TOWER SQUARE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HARTFORD CT</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOTHEM, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>SCHOOL STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COVENTRY CT</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIOT, DOUGLAS</b>	4.2 NAME	
STREET ADDRESS	<b>60 DEERFIELD RUN</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKY HILL CT</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REPLOGLE, DENNIS R.</b>	5.2 NAME	
STREET ADDRESS	<b>3 ROBERTS RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SIMSBURY CT</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IGNATOWICZ, MICHAEL</b>	6.2 NAME	
STREET ADDRESS	<b>54 HANSEN ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTON CT</b>	6.4 CITY-ST-ZIP	

I 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: *George A. [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 (860) 954-8138  
Date Daytime Phone #

CR2E034 (12/95)