

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **837682** (4)

1. Corporation Name
AETNA INVESTMENT MANAGEMENT, INC.

Principal Place of Business Mailing Address
**% PRENTICE HALL LEGAL & FINANCIAL SERVICES
15 COLUMBUS CIRCLE
NEW YORK NY 10023**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/12/1977** 3a. Date of Last Report **02/02/1994**

2. Principal Place of Business 2a. Mailing Address
21 **375 HUDSON STREET** 26 **375 HUDSON STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **11TH FLOOR**
City & State City & State
23 **NEW YORK, NEW YORK** 28 **NEW YORK, NEW YORK**
Zip Country Zip Country
24 **10014** 25 Country 29 **10014** 30 Country

4. FEI Number **13-9574611** 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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name **UNITED STATES CORPORATION COMPANY**
82 Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS STREET**
83 **SUITE 105**
84 City **TALLAHASSEE** FL 85 Zip Code **32301**

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 _____
Person: Typed or printed name of registered agent and FEI, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARVIN, DALE K
STREET ADDRESS	15 COLUMBUS CIRCLE
CITY - ST - ZIP	NEW YORK NY
TITLE	VSD
NAME	ASH, EILEEN
STREET ADDRESS	15 COLUMBUS CIRCLE
CITY - ST - ZIP	NEW YORK NY
TITLE	VTD
NAME	KUSHAY, RICHARD
STREET ADDRESS	15 COLUMBUS CIRCLE
CITY - ST - ZIP	NEW YORK NY
TITLE	VPS
NAME	VAN NAME, JUDY
STREET ADDRESS	15 COLUMBUS CIRCLE
CITY - ST - ZIP	NEW YORK NY
TITLE	VPS
NAME	CAMPANA, ANITA
STREET ADDRESS	15 COLUMBUS CIRCLE
CITY - ST - ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD KUSHAY	
1.3 STREET ADDRESS	375 HUDSON STREET, NEW YORK NY 10014	
1.4 CITY - ST - ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	375 HUDSON STREET	
2.4 CITY - ST - ZIP	NEW YORK, NEW YORK 10014	
3.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANITA CAMPANA	
3.3 STREET ADDRESS	375 HUDSON STREET	
3.4 CITY - ST - ZIP	NEW YORK, NEW YORK 10014	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	375 HUDSON STREET	
4.4 CITY - ST - ZIP	NEW YORK, NEW YORK 10014	
5.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARIA DOSCHER	
5.3 STREET ADDRESS	375 HUDSON STREET	
5.4 CITY - ST - ZIP	NEW YORK, NEW YORK 10014	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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: **EILEEN ASH** *Eileen Ash* 4/25/95 212-463-4674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone/Fax #)

837682

OFFICERS

PRESIDENT RICHARD KUSHAY

**VICE PRESIDENT
& SECRETARY EILEEN ASH**

**VICE PRESIDENT
& TREASURER ANITA CAMPANA**

**ASST. VICE PRES.
& ASST. SECRETARY JUDY VAN NAME**

**ASST. VICE PRES. MARIA DOSCHER
& ASST. TREASURER**

**ALL TO:
375 HUDSON STREET
NEW YORK , NEW YORK
10014**

DIRECTORS

RICHARD KUSHAY

EILEEN ASH

ANITA CAMPANA

REV. 3/15/95